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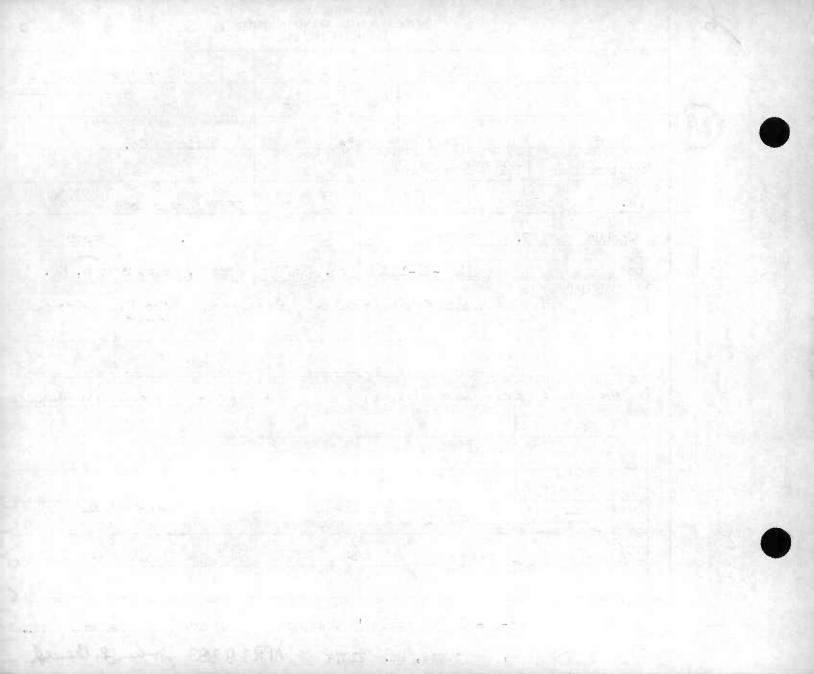
(VRA 15, 4)

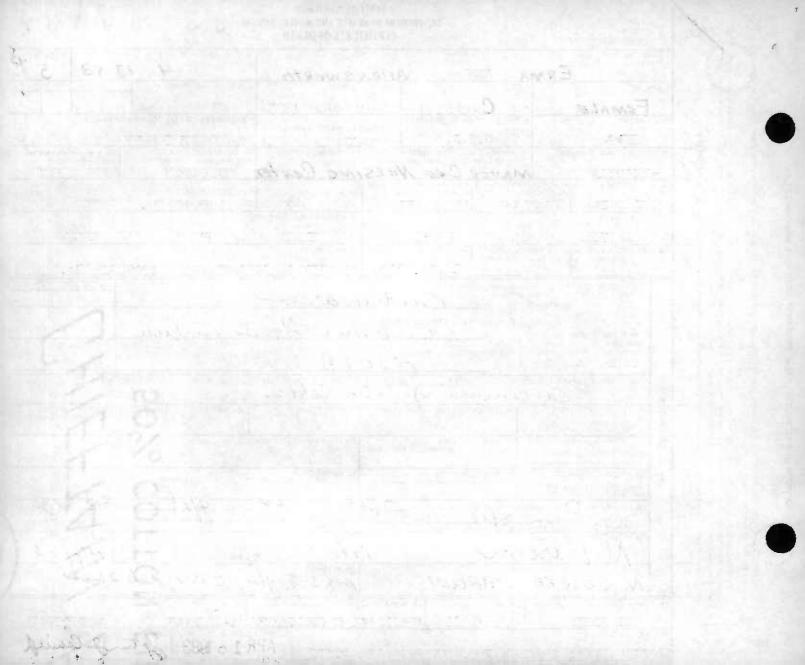
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINT IF LINDER LYEAR IF UNDER 24 HRS. 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 9. BALTIMORE CITY OR COUNTY OF DEATH 18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED DICERTIFYING CAUSES OF DEATH? YES [ NO IT 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH P.M. IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this haspital) attended the deceased fram: sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) did no view th ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANI PHYSICIAN'S NAME (TYPE OR 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial CITY OR TOWN May 2, 183 Mt. Royal Cemetery Glenshaw.Pennsylvania 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 William E. Johnson8521 Loch Raven Blvd (VRA 15, 4)

111- 8 -11-12 11 Kovi - William Printer Contains MALE CASE SEN 1874 84 PENERLINE W. S. H. S. W. BAZTINERE THE THORE 3417 ET TOPP AT SIEN STLESHAND ENERS (E) Alle Flores and Trons and Electronic Mestal Phase of GEORGE PAISON MARY (UNRANGE) NE TETO PASSEDA SILLE PET RESULT STEEL and Pulmy Elem MUTURIAL CALLERY 2.54.44 Muray Suran There are CANAL ER TO VILLE DOWNED THE PRESENT BEDRUFF CALLES ST  $\mathcal{L}_{s}$  ,  $\mathcal{L}_{s}$  ,  $\mathcal{L}_{s}$  ,  $\mathcal{L}_{s}$ Hilliam I., . Charonie 21 December Cinc. Brights and Charles

	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 9 0 3 9
t t		REGISTRAR  EASED NAME FIRST OR PRINT)	MIDDLE MARIA	ALONSO	REG. NO.	10:45pm
	-	FEMALE	1 RACE White	5. DATE OF BIRTH  Jude 7 DAY 1898	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS MOURS MIN.
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n please remove carban pro burial, crematian, ar remo ry, ar other traumatic even		Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF Stor Man	* Dision	N GIVEN IN PART 1101
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Mental Hygiar Hem 18 sh	MEDICAL CES	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	21t. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN IT	
I is marked a	WEI	WHILE NOT WHILE AT WORK 220-1 certify that (I) (this hosp	intal) ottended the deceased from 12 19 19 19 19 19 19 19 19 19 19 19 19 19	FARM ETC) STREET	to to 38	. 19
State Dept. o		22b. SIGNATURE	J. m.D.	DEGREE  ATTENDING PHYSICIAN  1220, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [	220. DATE SIGNED 4/28/83
IMPORTAN			. RAmos, mig.	3310 Nan	cy Ellen U	by
	(	URIAL, CREMATION, REMOVAL	Λ	lesturew Mens. P		oce state
OM 4/82	24 FL	INERAL DIRECTOR & QU	analt O ADDRESS	igs wills wo MA	YE PEC'D. BY SECUSTRANDS B	EGISTRANS SONATURE

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·	1 -	FOR STATE FRANCIS REGISTRAR	J. ALTHOFF		EALTH AND MENTAL HYG	IENE 8 5	0 9	0 4 0
2 E E		ASED NAME FIRST FRANCIS	MIDDLE	A	thou s	20. DATE OF DEATH	MONTH DAY 4 - 10 -	83 330 M
4 may be tar, page after deat	3. SEX		RACE	5. DATE C	F BIRTH D	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI- MONTHS YRS.	ER I YEAR IF UNDER 24 HRS.
O 60 25		HPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		MD.
of the defined of	10 CIT	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET DU (ONCU - TOU), S.	IG HOME C		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C	ON 12b	KIND OF BUSINESS OR DUSTRY
i, BALTIMORE, MARYLAND 2120 ficate be executed within 24 hours hysician and campletely filled in by papers. Pages I and 2 should be fill noval. ent, the medical examiner must be	13a. ST	ATE 136 COUNT	THER INSTITUTION GAR RESIDENCE BEFORE			13e. STREET ADDRESS	ICKORY	ST. 17851
MARYL ed within mpletely and 2 sh	J4 FAT	HER'S NAME ANDRE	ALTHOF!	ק	15. MOTHER'S MAIDEN NAME FIRST ELIZABET	WIDDLE		OMLER
be execut an and co s. Pages 1		S DECEASED EVER IN U.S. ARM NO GRUNKNOWN) (IF YES, GIVE YES WW	ED FORCES? 166. SOCIAL SECU WAR OR DATES) 1801036	_	17. INFORMANT  ELEANORE L	ADDRE	905 HAM	ILTON AVE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI  NG PHYSICIAN: The low requires that the death certificate r attending physician.  Ifter this certificate has been signed by the attending physic as the burial-transit permit. Then please remove carbon pape th and Mental Hygiene prior to burial, cremation, or removal, orked or them 18 shows any injury, or other troumatic event, the		REALISE OF DEATH (Enter only PART I. DEATH WAS CAUSED MAKEDIATE DATE)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (b) TO CONSEQUE  (c)	0-18 action	espirate etic Condic	ory Arr Noscula	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 20 equires 1 n signed Then ple r to burio		PART 2 OTHER SIGNIFICANT CO	Tract + Me	DEATH BUT		INAL DISEASE OF CON	DITION GIVEN IN	PART Iro
TAL RECO	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
SKIAN: T ng physici certificate urial-transi ental Hygi		10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN STEM 18 PART 1 OF	R PART 2)
DIVISION DING PHYS or ottendir After this of e as the bu	A.	Id. INJURY OCCURRED  WHILE NOT WHILE T WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 8	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN CC	DUNTY STATE
ATTENDIP sphiol or CTOR: A I for use of Health	2	sow the deceased plive on obeye, (I) (we) (did) (did not)	oil) ottended the deceased from 19 view the body ofter death.	83.or	d that in (my) (our) apinion of	depth occurred on the de		
by the how the how the how the how the how the how the detached State Dept.		Hay Man	au, GM	) '		MEDICAL STAI	FF	4-10-53
TO HOSPITAL retoined by to TO FUNERAL should be det with the Store IMPORTANT:		T-PAGLI	NAUAN,	M)	8552 P		10., BA	
9999BP	B	RIAL, CREMATION, REMOVAL URIAL			DY CHURCH	23d LOCATION CITY OR TOWN MT CA		TLER PA.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUN	REPAIDED COL	- 1211 Cheyan	Are.	21237 "APF	REC'D BY REGISTRAR	EGSTRAR'S	2 Cohief

. Item #23d Film G578 4/22/83 rc STATE OF MARYLAND

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DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI	IENE 8 3	0	9 0	41
1		CEASED NAME FIRST	MIDDLE		AS1	20. DATE OF DEATH	MONTH DAY	YEAR 2	N HOUR
	(ITPE	NORMAN	HOAG	ANGI	ELL		4/12/	83	7:00 AM
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS
1		Male	White	10	11/1883	9.7	YRS.		MIN.
1	7ª BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) Chigan	U.S.A.	WIDOWE		Baltimore city of Baltimo	re Count		MD.
1	1.5	dgersForge	(11, NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 108 Dumbarto	STREET ADDRESS)		TYPE OF WORK FOR MOST C Sales	ION 1 OF WORKING LIFE)	NDUSTRY	rance
)	130. S M		NTY 13c CITY OF		13d INSIDE CITY LIMITS?  YES NO X	130. STREET ADDRESS	arton Rd	Apt I	3 21212
6		Stephen	Ange	<b>211</b>	Ellen	WIDDLE		Hoag	
7		VAS DECEASED EVER IN U.S. AR	WE WAR OR DAVES	SECURITY NO.	17. INFORMANT	ADDRI			220
		YES, NOOR UNKNOWN) (IF YES, GI	220-03	3-9335	Mrs. N. Angel	1 108 Dumba	arton Rd		
		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE							ATE INTERVAL
			TE CAUSE (a) CIRC	CULATORY	FAILURE				Mo.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONDUE TO, OR AS A CONDUE TO, OR AS A CONDUCTOR	ERIOSCI	EROTIC CARDIO	vascuar D	RENSE	YEN	ARS
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN I	N PART 1(0)	
6	NOL								
/	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES O	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 110110 1 11 1101171	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		22s I certify that (I) (the heep sow the deceased alive or above (I) (ma) (did) (did)	1-1.	100	nd that in (my) ( <del>our)</del> opinion o	to 9/1	2, 19_d ate and have and	- '	at (1) ( <del>we)</del> last
		226. SIGNATURE	Y view the bady after death.	a 1	DEGREE	Section 1		22c. DATE SI	IGNED
	93	Donald	L. Somwill	& M.	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN .	4/1:	2/83
		22d PHYSICIAN'S NAME (TYPE			22e ADDRESS				
		Donald L. Sor	nerville	DC UIL		ia Ave 2120	)4		
	23o B	BURIAL, CREMATION, REMOVAL BURIAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		YTMUC	STATE
			4-14-83	Loudon	Park Cemetery	Baltimo:		C CICALATI	Md.
		UNERAL DIRECTOR  tchell-Wiedefe	1d Gome 6500	Vork Rd		PR 1.9 1983	John	2.6	mil
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4 mor	3. SE	X		4. RACE	2000	5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTHDAY)	IF U	THE DAYS	IF UNDER	24 HRS
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o su phy		ATONSVILLE			ERIDIAN I		G HOME		HON	1EMAKER				
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within within d 2 st	I4LF.	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	WIDDIE		L	AST	
one one		FREDERI			BAUER			MARY				WA	LTERS	
n and co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS				
s. Po		NO			UNAVAIL	ABLE	RUTH	NEUMAN	7732	BAGLEY A	AVENU			
ysicial appers.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter an	ly ane cause per	line far (a), (b), a	nd (c1.)	10.	0	fi.	1	-14		XIMATE INTER	and the same of th
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n. no beer permit. ne prior ws ony i	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUT	OPSY? 10b	IF YES, W CERTIFYIN YES	NG CAUSE	INGS USED S OF DEAT NO	TH?
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SICIAN ng phy persistent certific virial-tre ental Hem 18		OR CONTRIBUTING		IIH III	M. MONTH D	DAY YEAR								
Ag Na Milia di A	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCAT			CITY OR FOWN		COUNTY	S	STATE
DING P or offer the e as the olth one marked		22a.1 certify that (1)	RK	(a) attended the	e defeased from		4/15	10 8 3	3 to	4/1	19	83	that (I) fo	\ue\last
ATTEN spital CTOR: J for us a for us n 21 is	-	saw the deceas abave, (1) (see) (	ed alive on		4/6 19	83 . or		(aur) opinion	death occurr	ed on the date or	nd hour or	nd from the	e causes sta	ated
AL OR A the has the has at DIREC detached by the Dept.		22b. SIGNATURE	us ?	Molan	- mp		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF		22c. DAT	18/8	3
SPIT d by NER be c t AN	1	228. PHYSICIAN'S N	AME (TYPLE	ER PRINT)			22e. ADDRE	SS				- 1	100	
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	-	JAMES J.	NOLA	N, M.D.			1	MALLOW	HILL I	ROAD	LES E		15.0	
of of services of the services	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d LOC	YORTOWN	c	OUNTY		STATE
BP		BURIAL		04-09	-83	LOUI	OON PAR		BA L'	TIMORE C			MARYI	AND
DHMH - 16 50M 4/82		UNERAL DIRECTOR			ADDRESS		21229	1 1		REGISTRAR 25b F	ESISTRA	R'S SIGNA	Cale .	21
(VRA 15, 4)	I	UBBARD FUI	NERAL	HOME,	NC. 4107	WILK	ENS AV	E. A	FN 1 1	1303	70-00	~~		7

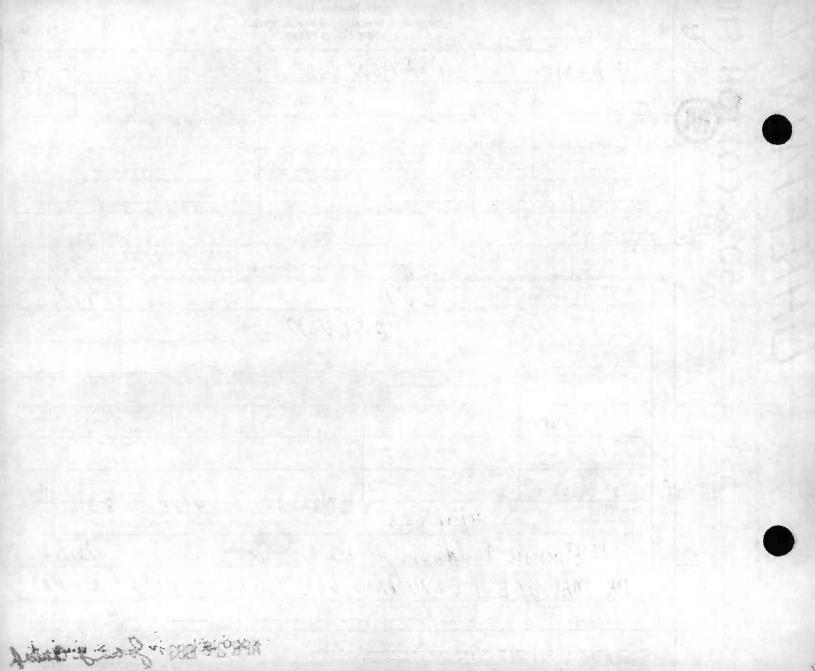
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	3. SE)		4 RACE		S. DATE (		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
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И		COUNTRY)		WHAT COUNTRY?	MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEAT	Н
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0	F	RANDALLSTON	JEWISH	CONVALES	CENT_	& NURSING HOM	(TYPE OF WORK FOR MOST C		STRY
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4		BENJAMIN		ARONSO	-	PEARL			NOMN
1			RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	7615°CA	RLA ROAD	
		NO		055.10.	5062	MILTON ARONS	ON BALITIMO	RE, MARYLA	PROXIMATE INTERVAL MEEN ONSET IND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	DR AS A CONSEQUE	10	SUVD			
7	FICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, CO  DUE TO, CO  (c)  CONDITIONS C	OR AS A CONSEQUE	ENCE OF	SUV D	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
7	ERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO	OR AS A CONSEQUE	ENCE OF	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	NDINGS USED USES OF DEATH? NO
7	CERTIFIC	Conditions, if any, which gove rise to immediate couse to), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO  19b. COND  19b. TIME CO  HOUR A	OR AS A CONSEQUE  ONTRIBUTING TO D  OITION FOR WHICH  OF INJURY  .M. MONTH DA	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH?
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7	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CIPE MEDICAL EXAMINI 214 INJURY OCCURRED  WHILE NOTHER MOTHER	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS C  19b. COND  19b. COND  ATH  P.  21b. PLACE	OR AS A CONSEQUE  ONTRIBUTING TO D  OTTION FOR WHICH  OF INJURY M. MONTH DA M.	OPERATION  AY YEAR  19	21c. HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF YES, WERE FINCERTIFYING CAI YES THE TEMPERATE OF PART I OF PART	INDINGS USED USES OF DEATH? NO   RT 2)
7		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DIE (IF EITHER, NOTHY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE ALL WORK   NOT	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO  19b. COND  19b. COND  AATH  P.  21b. TIME CO  HOUR A  R)  21b. PLACE (AT HOME ST	ONTRIBUTING TO D	OPERATION  AY YEAR  19	211. HOW INJURY OCCURR	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJUS	20b. IF YES, WERE FINCERTIFYING CAI YES THE TEMPERATE OF PART I OF PART	NDINGS USED USES OF DEATH? NO  17 2)  Y STATE
7		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFETIMER, NOTIFY MEDICAL EXAMINI)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspender of the cooper, (1) (we) (did) (did in obove, (1) (we) (did) (did in operations)	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO  HOUR A P. 21e. PLACE (AT HOME ST	OR AS A CONSEQUE  ONTRIBUTING TO D  OTTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM, ETC.)	211 LOCATION SIREE1  211 Indication (my) (our) opinion of	200 AUTOPSY?  YES NO CITY OR TO	20b IF YES, WERE FIN CERTIFYING CAI YES THE TIME TO PARE THE TIME THE TIME TO PARE THE TIME THE TIME TO PARE THE TIME THE TIME TO PARE THE TIME TH	NDINGS USED USES OF DEATH? NO  T 2)  STATE  That (II (we) I
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7	MEDICAL	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DIE (FETTHER, NOTIFY MEDICAL EXAMINI)  21d. INJURY OCCURRED  AT WORK _ NOT WHILE _ AT WORK _ AT WORK _ AT WORK _ AT WORK _ OBOVE, (1) (we) (did) (did not	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A  HOUR A  21c PLACE (AT HOME ST  DITO!) oftended !!  OR PRINT!)  CORPRINT!	OR AS A CONSEQUE  ONTRIBUTING TO D  OITION FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  (REET, FACTORY, OFFICE, F)  (LIVE diggs)	OPERATION  AY YEAR  19  ARM, ETC.)	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  222 ADDRESS	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUS  CITY OR TO  Jeoth occurred on the do  MEDICAL STAF  ENRECTOR PHYSIC	20b. IF YES, WERE FINCERTIFYING CAI YES  RY IN ITEM 18 PART I OR PAR THE ORDER OF THE ORDER THE ORDER	NDINGS USED USES OF DEATH? NO  TT2)  TY STATE  That (It (we) le
7	WEDICAL 23.0. B	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this hasp sow the deceased alive o above, (I) (we) (did) (did in 22b. SIGNATURE	DUE TO, CO  (b)  DUE TO, CO  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A P. 21e PLACE (AT HOME ST  OR PRINT)  OR PRINT)  L 23b DATE	OR AS A CONSEQUE  ONTRIBUTING TO E  OITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY  REET, FACTORY, OFFICE, FA  THE CLOSE OF TOM  LIVE OF TOM  19  23 c N	OPERATION  AY YEAR  19  ARM. ETC.)  JAME OF C	211 LOCATION STREET  211 LOCATION STREET  3/2 19 80  nd that in (my) (our) opinion of physician [Physician [Ph	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  PARECTOR PHYSIC  23d LOCATION CITY OR TOWN	20b. IF YES, WERE FIN CERTIFYING CAI YES  RY IN ITEM 18 PART I OR PAR WN COUNT  19 Sopte and hour and from 22c. CFF CIAN   22c. CFF COUNTY	NDINGS USED USES OF DEATH? NO  TT2)  STATE  that (1) (we) 1

DHMH - 16 50M 1/B (VRA 15, 4)

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etoined by the hospital or attending physician.



3	7-	FOR STATE REGISTRAR		ME			ERTIFICATE O	13 . 2	REG. NO.	90	4 4
	I. DE	CEASED NAME	. FIRST		MIDDLE		LAST	2e. DATE N		ITH DAY YEA	AR Zb. HOUE
-	(TYP	E OR PRINT)	Georg	е Н.	C.		Annousmith	OF DEATH	MATED AON	1 11.00	7
1	ESEX	4.	RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF UN	Arrowsmith  IDER 1 YR. IF UNDER:		MONT	4   19 8	AR 2d HOUF
1			147	MONTH DAY		BIRTHDAY) MONT		MIN. PRONOUN DEAD	CED		10.1
ı.	In El	RTHPLACE (STATE	OR	8/24/20	HAT COUNTRY?	YRS.		9 BALTIMO	ORE CITY OR COL	4 11 19 8	
3		REIGN COUNTRY)					IED NEVER MARRIE	ED 🔲			
4	In CI	MD TY OR TOWN OF	DEATH		JSA ISPITAL, NURSING	WIDOW		D XJ Balt 120. USUAL OCCUP	imore Co	unty,	ME
T				(IF NOT IN SUCH F	ACILITY GIVE STREET ADI	RESS)		FOR MOST OF WORK	(ING LIFE)	OR INDU	JSTRY
4		andallst		Baltir	NOTE COUN	ty Gene	ral Hospita	Farm	ing-Self		
4	3e S1	ATE	13b. COUN		13c. CITY OR TO		13d. INSIDE CITY LIMITS?				155
/		MD	Bal	to.	Upper	00	YES NO 🔀	Old Dov	er & By	erly Rd	s,
A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	DDLE	LAST	
A		Hard	old	Ai	rrowsmit	:h	Fran			Cook	
	160. W	AS DECEASED E		AED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS		
4		Yes	WW	II	220 12	4303	Francis	N. Iqleha	art. Jr.	. MD	
F		18 CAUSE OF D	EATH (Enter an	y one cause per lin	e for (a), (b), and (a	).)				APPROXIM	AATE INTERVAL
1		PART I DEAT	H WAS CAUSE	) DV			cardiovascu	lar disea	se	BETWEEN OF	NSET AND DEATH
8		420	9 SIMMEDIAI	C C / C C C C C C C C C C C C C C C C C	R AS A CONSEQUE			141 41004			77
			if ony, which							39 (3) (5)	
			to immediate	DUE TO O	R AS A CONSEQUE	NCE OF					
		lying cause	last.		. Horred House	THEE OF					
		PART 2 OTHER SIGNA	ICANT CONDITIONS	(C) (C)	H BUS NOT BELATED TO 11	IE TERMINAL DICEAS	E OR CONDITION GIVEN IN PAR				
1	Z	THE CHIEF STORE	TERRIT CONCITIONS	CONTRIBUTING TO GENT	DU NOT KEEKIED TO II	IC TERMINAL GISEAS	OK CONDITION GIVEN IN PAK	1 1 181,			
H	CERTIFICATION	19s. DATE OF OF	PERATION	119h COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?			20 AUTOP	cva
1	FIC.			The COND	mort or which	OI EKATION W	ASTERIORMED:				
4	RT	21s. EXTERNAL C	AUSE WAS	21b. TIME C	E INTITIPY	121. U	OW INTERPOSE UPDES			YES X	J NO []
5		UNDERLYING	OR	HOUR A./	M. MONTH DAY	YEAR ZIE HE	OW INJURY OCCURRED	J LEWIER MATURE OF INJU	RT IN HEM IS PART I OR	(PART 2)	
1	MEDICAL	CONTRIBUTING				9	CARIOLI				
	MED				OF INJURY (AT HO		CATION	CITY OR FOW	N	COUNTY	STATE
		AT WORK	TWORK								
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1		death resulted !		couses X,	Additions D	Suicide 1		Undetermined mar	[]	аринон	
			117	/	777	Soicide		Onderermined mar	mer [,		
		ACTUAL	111	Mouno	MAIN	124X	Deputy Ch	iof	DAT	TE 4/12	193
		SIGNATURE	1	0-0	11/1	My M	D. Deputy Cit	MEDICAL EXAMI	NER SIG	NED 4/12	700
J. Car		EXAMINER'S NA	ME T	homas D.	Smith, M	.D.	ADDRESS	Penn St.	Balto.,	MD.	
7	23e. Bl	IRIAL, CREMATIO	N, REMOVAL 2	3b DATE	23c. NAME C	F CEMETERY O	R CREMATORY	23d. LOCATION			
1	(2)	Burial		4/14/83	St. J	ohn's G	Slyndon	Glyndor		M	D
	24. FL	NERAL DIRECTO	R		enkins &			R 184 1983	256. REGISTRAR	SSIONATORE	ul
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	se r
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Por retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral different should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 71 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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(VRA 15, 4)

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	904
	PE OR PRINT) ROSA	PEARL I	BALDWIN	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
1	Female	White	Mar. 15, 1899	84 YRS.	
5 W	BIRTHPLACE (STATE OR FOREIGN COUNTRY) . Virginia	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED DIVORCED	Baltimore County	unty
R	CITY OR TOWN OF DEATH	Franklin Squ		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  HOUSEWADE	12b. KIND OF BUSINE INDUSTRY
35 M	aryland Hark	ROTHER INSTITUTION, O'VE RESIDENCE BEFOR NTY O'rd 13 CITY OR TOV	/N 13d. INSIDE CITY LIMITS? YES NO 😿	130 STREET ADDRESS 926 Coen Road	211
20	FATHER'S NAME Richard	Altizer	15. MOTHER'S MAIDEN NO.	WIDDLE	(นทหที่อีพท)
O D 160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) NONE		hell, 926 Coen Ro	21154 rad, Street, N
8 shows ony injury, or off	PART 2. OTHER SIGNIFICANT	MENTIA	DEATH BUT NOT RELATED TO THE TER	20a. AUTOPSY? 20b. IF YE	/EN IN PART 110 S, WERE FINDINGS USE FYING CAUSES OF DEA
	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	S NO
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY  ME, STREET, FACTORY, OFFICE.	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY
m 21 is ma		till attended the deceased from		to 4/1/0)	
Z ±	225 MIGNATURE	ella M		DIRECTOR A PHYSICIAN	22c. DATE SIGNED
IMPORTANT 230	Luis E.Riv		Coo	Scott Adam Roa keysville,Md.	
238	BURIAL, CREMATION, REMOVA	23b. DATE 23c. April 11, 1983 B	NAME OF CEMETERY OR CREMATORY elAir Memorial Gar	dens. Bel Air Ho	urford Md.
24	FUNERAL DIRECTOR	as III Ahinadan	25p. D.4	TE REC'D. BY REGISTRAR THE EGIS	TRAR'S SIGNATURE

salm), THOMAC HURGIST CHEST CONTRACTOR CONTR The state of the same DEGLE DELIVERED VIEW OF THE PARTY OF THE PAR The part of the second of the Down I The Court of the Normanne Court of the Court of th

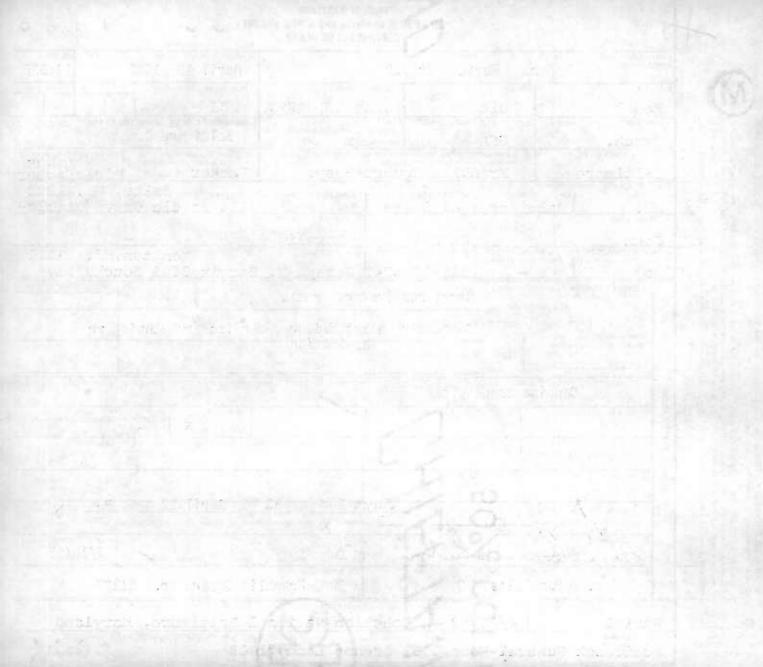
IMPORTANT: If them 21 is marked or them 18 short

DHMH - 16 50M 4/82 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S.SEX   4.RACE   White   3.DATE OF BIRTH   4.AGE   (INTERSICAL STARFICANT)   B. COUNTY OF DEATH   STATE   C.		1	REGISTRAR				CERTIF	CATE OF DE	ATH	REC	5. NO.				
Anna Warte BAKVIK  Female    Race	1			-				AST							
Female		(ITTE	OR PRINT)	An	na Mar	ie BA	RVIR		100	April 1	12, 198	33	10:33P <sub>M</sub>		
Female		3. SEX	X		4. RACE			DAY	VEAD	6. AGE (IN YEARS LAS	ST BIRTHDAY)				
COUNTRY   CZECK   USA		F	emale		White	2		e 26,	1899	83	YRS				
CZech   USA   Windows   December   USA   Windows   December   December   December   USA	1			OREIGN	76. CITIZEN OF V	WHAT COUNTR	Y? 8. MARRIE	□ NEVER MA	NIEWED ALABOUED						
Baltimore Franklin Square Hosp. Pranklin Square Hosp. Pictor work not not not work of most of workers used in Journal Part 1 par		C	zech.					DIX DIVO	RCED _			MD			
Baltimore   Franklin Square   Hosp.   Packer   PicleFact   134   Institution   135   Institution   134		10. CI	TY OR TOWN OF DEA	TH				R OTHER INSTIT	UTION	12a. USUAL OCCUP	PATION OST OF WORKING	12b. KIND LIFE) INDUSTRY	OF BUSINESS OR		
136_INSTATE   136_COUNTY   136_CITY CRITOWN   136_INSTREET LORDING   136_CITY LIMITS   136_STREET LORDING   136_CITY LIMITS   1		-					_	Hosp.		Packer		Picl	eFactor		
Ton   Caba   C	K		AL RESIDENCE (IF NURSI	136 COU	OTHER INSTITUTION. NTY			13d. INSIDE CITY	LIMITS?	13e. STREET ADDRE	ss Bal	to, MD	.21222		
Total   Tota	1			Bal	timore	Baltir	more				ttle (	Grove	<u>Circle-</u>		
NO   17 INFORMANT   17 INFORMANT   18 SOCIAL SECURITY NO.   17 INFORMANT   18 SOCIAL SECURITY NO.   17 INFORMANT   18 SOCIAL SECURITY NO.   18 CAUSE OF DEATH (Enter only one couse per light for 1pt 1b), and ic:   215-16-0747   Joseph W. Barvir, 3805   Houcks Rd.   215-16-0747   Joseph W. Barvir, 3805   Houcks Rd.   215-16-0747   Joseph W. Barvir, 3805   Houcks Rd.   215-26-26   19 Social Security   18 CAUSE OF DEATH (Enter only one couse per light for 1pt 1b), and ic:   215-26-26   215-26-26   215-26   225-26	1	14. FA			MIDDLE	LAST		FIR	RST		LE	L	AST		
B. CAUSE OF DEATH Enter only one couse per light for Ipt (b), and ICU   PART I. DEATH WAS CAUSE BY   PART I. DEATH WAS CAUSE BY   PART I. DEATH WAS CAUSE BY   Cardiorespiratory arrest   Interest County   Inte	U									A.F.	DDECC -	-			
18. CAUSE OF DEATH (Enter only one couse per lipe for (p) (b) and (c)   Cardiorespiratory arrest   PART I. DEATH WAS CAUSED BY: Cardiorespiratory arrest   Cardiorespiratory arrest   (b)   Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost   (b)   OLD CO. OR CO. OR CONSEQUENCE OF   OLD CO. OR AS A CONSEQUENCE OF   OLD CO. OR CO. O	,														
DUE TO, OR CONSEQUENCE OF EART Failure, cardiac arrhythmia, or  Ocaditions, if any, which give rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR CONSEQUENCE OF The aspiration  DUE TO, OR CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF The aspiration  DUE TO, OR AS A CONSEQUENCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  Candida esophagits  199. DATE OF OPERATION  199.		N	0			215-10	6-0747	Josep	h W.	Barvir,	3805 1	Houcks	Rd,		
Due To, or Congressive E of Feart failure, cardiac arrhythmia, or aspiration  Due To, or Congressive E of Feart failure, cardiac arrhythmia, or aspiration  Due To, or Congressive E of Feart failure, cardiac arrhythmia, or aspiration  Due To, or As a consequence of aspiration  Due To, or To,			18. CAUSE OF DEATH PART I. DEATH W.	M (Enter at	nly ane cause per ED BY:	Cardior	espirat	orv arr	est			BETWEEN	ONSET AND DEATH		
DUE TO, OR AS A CONSEQUENCE OF gover rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Candida esophagits  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERSTYNG OR CAUSES OF DEATH OR CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. MONTH DAY YEAR  199. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERSTYNG OR CAUSE OF DEATH OR A.M. MONTH DAY YEAR  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERSTYNG OR CAUSE OF DEATH OR A.M. MONTH DAY YEAR  199. INJURY OCCURRED  210. ACCIDENT WAS UNDERSTYNG OR CAUSE OF DEATH OR A.M. MONTH DAY YEAR  211. MUSIC OF TOWN OR CONTRIBUTION OF THE MORE STREET, FACTORY, OFFICE, FARM, ETC.)  212. LOCATION  213. INJURY OCCURRED  214. LOCATION  215. INJURY OCCURRED  216. MUSIC OF INJURY WHITE INJURY OCCURRED  217. PLACE OF INJURY WHITE INJURY OCCURRED  218. INTEREST OR AUTOR OF INJURY WHITE INJURY OCCURRED (ENTER NATURE OF INJURY WHITE IN IB. PART 1 OR PART 2)  219. INJURY OCCURRED  210. ACCIDENT WAS UNDERSTYNG OR CONTRIBUTION OFFICE, FARM, ETC.)  219. INJURY OCCURRED  210. MUSIC OR CAUSES OF DEATH OR CAUSES OF DEATH OR CAUSES OF THE MORE OF INJURY WHITE IN IB. PART 1 OR PART 2)  210. INJURY OCCURRED  211. LOCATION  212. LOCATION  213. INJURY OCCURRED  214. MUSIC OR CAUSE OF INJURY  215. INJURY OCCURRED  216. HOW INJURY OCCURRED  217. DATE SIGNED  ATTENDING MEDICAL PHYSICIAN OFFICE, FARM, ETC.)  218. LOCATION  219. DATE SIGNED  ATTENDING MEDICAL PHYSICIAN OFFICE, FARM, ETC.)  219. DATE SIGNED  ATTENDING MEDICAL PHYSICIAN OFFICE, FARM, ETC.)  219. DATE SIGNED  210. DATE SIGNED  210. DATE SIGNED  210. DATE SIGNED  210. DATE SIGNED  211. OCCURRED  ATTENDING MEDICAL PHYSICIAN OFFICE, FARM, ETC.)  210. DATE SIGNED  212. DATE SIGNED  213. DAT	И		11-0-	IMMEDIA		04.4.0.	COPITAL								
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sow the difference of allivery April 12 and that in the body after agath.  DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECT		100	1		ital) attended the	deceased from	Mari	h 20	19 83	to_Apri	12	19 83	that (we) last		
DEGREE ATTENDING MEDICAL STAFF 4/12/83  22d. PHYSICIAN DIRECTOR PHYSIC							83	d that in (gry) (o	ur) opinion d	leath accurred on th	ne date and h	our and from th	e couses stated		
22d. PHYSICIAN DIRECTOR PHYSICIA			77h SIGNATORE	ne or v	ew the body	atter death.	3								
22d. PHYSINION'S NAME (TYPE OR PRINT)  Dr. De Pamphilis, MD  23a. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial (SPECIFY)  Burial 4/15/83  23a. NAME OF CEMETERY OR CREMATORY (SPECIFY)  Burial 4/15/83  Bohemian National Baltimore, Maryland  24. FUNERAL DIRECTOR  22a. ADDRESS  9000 Franklin Square Dr., 21237			all to	Ald	Lamp	hule	-			MEDICAL DIRECTOR PH		4/1	12/83		
23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION CITY OF COUNTY STANDARD PROPERTY OF CREMATORY 23d. LOCATION COUNTY STANDARD PROPERTY STANDARD PROPER	1		22d. PHY SIZIAN'S NA	AME (TYPE	OR PRINT)				NOICIAIT L	J DINCETON L. TT	TOTO TOTO				
Burial 4/15/83 Bohemian National Baltimore, Maryland  24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 255 PEGISTRAR'S SIGNATURE			Dr. I	DePam	philis,	MD		9000	Frankl	in Square	e Dr.,	21237			
Burial 4/15/83 Bohemian National Baltimore, Maryland  24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 255 PEGISTRAR'S SIGNATURE	_			REMOVAL	23b. DATE	23	3t. NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION					
24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 255. SEGISTRAR'S SIGNATURE			(SPECIFY)			/83	Bohen	nian Na	tiona				and state		
Schimunek Funeral Home, 3331 Brehms Lane 213 198		24. FI	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGIST					
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

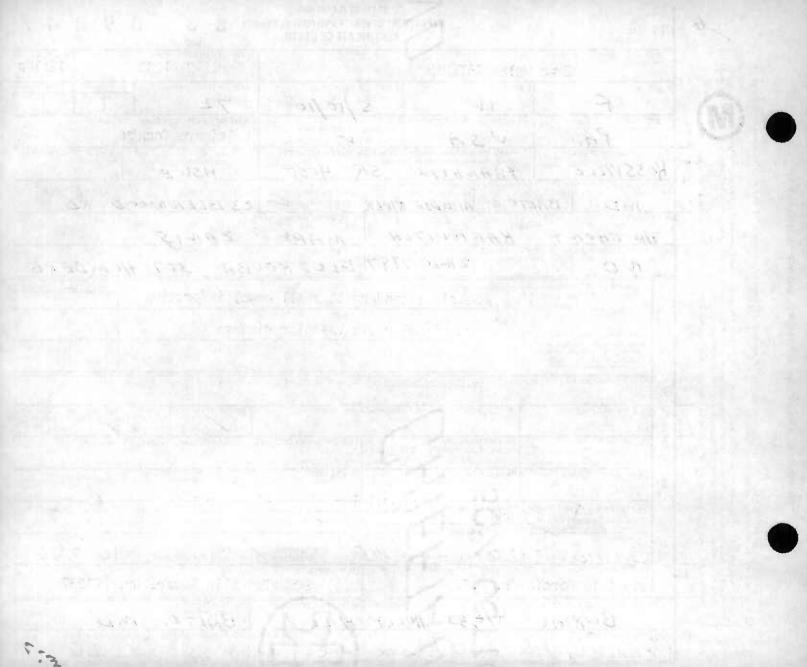
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

		REGISTRAR				CERTIF	ICATE OF DEA	IH		REG. NO	).		
		F OR PRINTS	mma He		TEMAN	YIN	AST		20. DATE OF		HTHOM	DAY YEAR	<sup>26. НОUR</sup> 12:10р
	3. SE.		14. RA		16.19111	5. DATE O	OF BIRTH		6. AGE (INY			IF UNDER 1 YEAR	IF UNDER 24 HRS
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1		IRTHPLACE (STATE OR FOR	EIGN 7b. CT	TIZEN OF WI	HAT COUNTI	RY? 8.	D NEVER MAR	RIED 🗆				Y OF DEATH	
2	10.0	PA.		US	A	WIDOWE	DIVOR	CED 🗌	Balti			*	MD.
1	Re	OSS VILLE		NAME OF HO IF NOT IN SUCH F			ROTHER INSTITUT	P.	120. USUAL C		WORKING LI		F BUSINESS OR
5	13a. S	mp 13	BALTE	1:	3c. CITY OR T	FORE ADMISSION) OWN RIVER		4	13e. STREET A		wo	ow VR.	of
4	14. FA	ATHER'S NAME FIRST ANTHON	4- MIDDLE		POULT	TCH	15. MOTHER'S MA	IDEN NAM		MIDDLE 7NC	5.	LAS	
		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED F IF YES, GIVE WAR (		66 SOCIAL SE 2 1620	7797	17. INFORMANT	Kou	1000	ADDRES	S	HOMB	ERG
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		BURIAL, CREMATION, RE		DATE /L/			EMETERY OR CREA	ATORY	23d. LOCA	TION		COUNTY	STATE

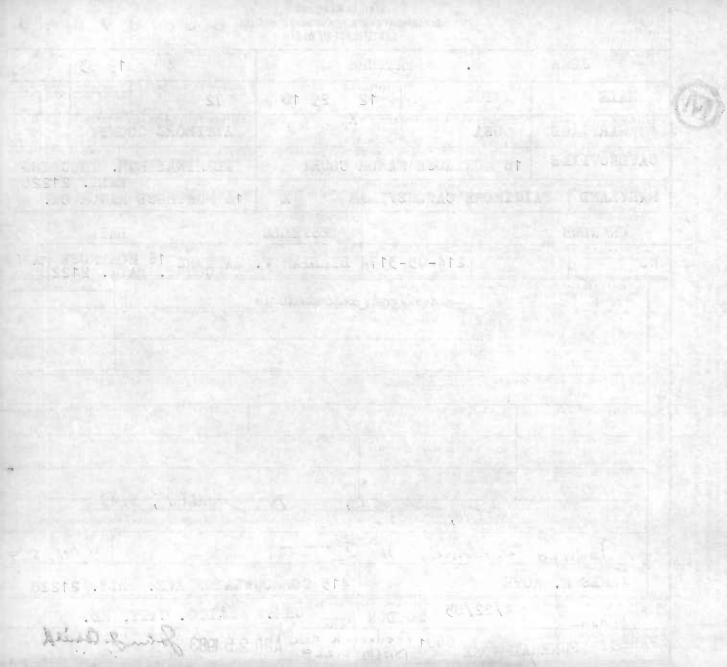
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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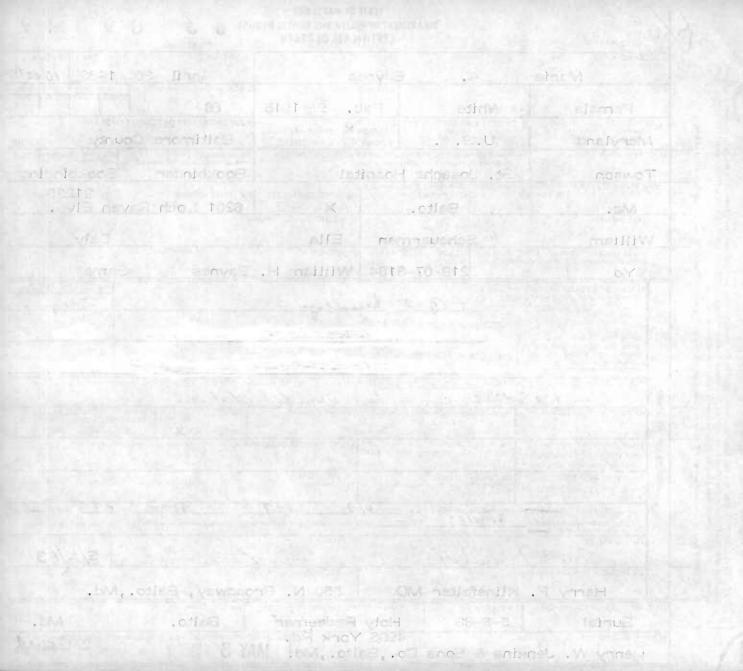
STATE OF MARYLAND



Henry W. Jenkins & Sons Co., Balto., Md

(VRA 15, 4)

STATE OF MARYLAND



TYPE OR PRINT GERARD J. 1 SEX 4 RACE 5. DATE OF BIRTH April 13,1925 Caucasian 58 Male BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Easton Md. USA WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore Riverview Nursing Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOW OF PER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Mampton Beecher Anna Ackers In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 165 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Ves 219-14-0980 Alverta Beecher, WIVI 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ä NOF 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body ofter death 225. SIGNATIORE ATTENDING MPORTANT 22e ADDRESS should be B.W. SOLLOD 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

4/30/83

Schimunek Funeral Home, 3331 Brehms Lane, 21219

Cremation

24. FUNERAL DIRECTOR

STATE

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH YEAR 25 HOUR BEECHER 83 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County (TYPE OF WORK FOR MOST OF WORKING LIFE) Branch Truck Driver 130 STREET ADDRESS Balto, Maryland Horners La. 21205 ADDRESS same as above

2-10-8

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STAFF PHYSICIAN DIRECTOR PHYSICIAN

Greenmount

COUNTY

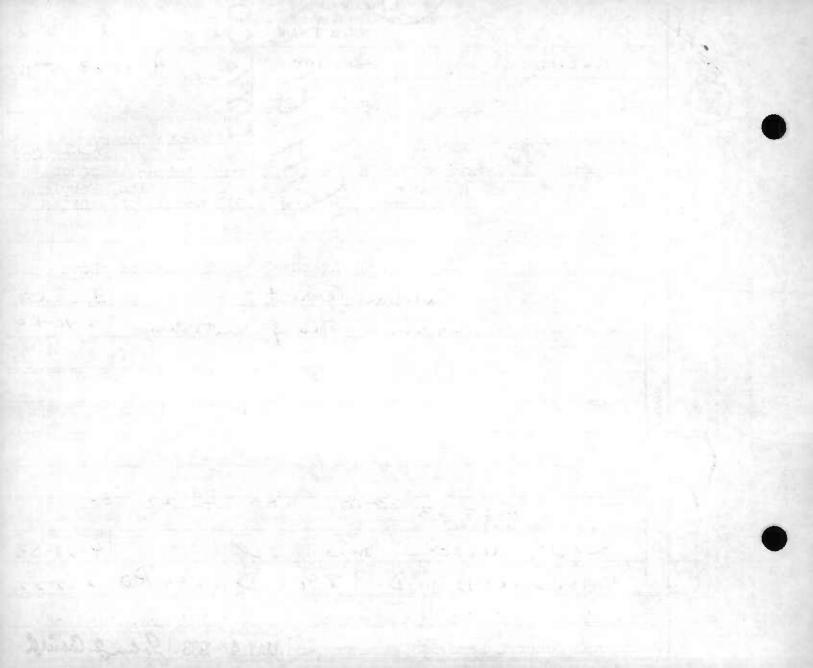
COUNTY

STATE

Baltimore, Maryland

BP DHMH - 16 60M 1/75

(VR A 15 (4))



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ECEASED NAME PE OR PRINT!)  EX  MALE  BIRTHPLACE (STATE OR PE COUNTRY)  Wash. D  TITY OR TOWN OF DEA  TOWSON	OREIGN 76. CITI.	ZEN OF WHAT COUNTRY? USA	S. DATE O MONTH 08	F BIRTH DAY YEAR 10 20	APRIL  6. AGE (IN YEARS LAST BIRI  6.2  9. BALTIMORE CITY O	7 1 [HDAY] IF I	983 UNDER 1 YEA	
MALE  BIRTHPLACE (STATE OR PO COUNTRY)  Wash. D  CITY OR TOWN OF DEA  TOWSON	4. RACI COPEIGN 7b. CITI C	ZAU. ZEN OF WHAT COUNTRY? USA	5. DATE O	F BIRTH DAY YEAR 10 20	6. AGE (IN YEARS LAST BIRT	THDAY) IF I	UNDER 1 YEA	R IF UNDER 24 HR
MALE  SIRTHPLACE (STATE OR PO COUNTRY)  Wash. D  ITY OR TOWN OF DEA  TOWSON	OREIGN 7b. CITI	ZEN OF WHAT COUNTRY? USA	08	10 20	62	YRS.		
Wash. D EITY OR TOWN OF DEA	.C.	USA	8. MARRIED					
TOWSON			WIDOWE	D NEVER MARRIED D	BALTIMOR			
	5	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS)  ST. JOSEPH HOSPITAL			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Salesman-	F WORKING (IFE)	INDUSTR	
	NG HOME OR OTHER IN 13b. COUNTY	STITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 369 Home	eland	Sout	212 hway
Rufus		Belt					Holden LAST	
WAS DECEASED EVER I (YES, NO OR UNKNOWN) YES		218 01 C	588	Samuel C.	Belt.		. , N	ΛD
PART I. DEATH W.  4100  Conditions, if ony, gove rise to imm couse (0), stating	AS CAUSED BY:  IMMEDIATE CAUS  which (ediate )  the DU	(b) AS CONSEQUE	NCE OF	ardied wifn	ECTION		BETWEE!	nterval Nonset and Deat
		IONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART	10
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFYIN	NG CAUSE	
OR CONTRIBUTING C	AUSE OF DEATH H		Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	I OR PART 2)	
	TAT		ARM, ETC.3	21f. LOCATION STREET	CITY OR TO	wn //	COUNTY	STATE
V	ATHER'S NAME FIRST  RUFUS  WAS DECEASED EVER I YES, MO OR UNKNOWN)  YES  18. CAUSE OF DEATH PART I. DEATH W.  HOO  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  PART 2. OTHER SIGN  OR CONTRIBUTING C.  (IF ETHER, NOTIFY MEDIC  21d INJURY OCCURR  WHILE WHILE WHILE WHILE WHILE AT WORK OCCURR  AT WORK OCC	ATHER'S NAME PIRST  RUFUS  WAS DECEASED EVER IN U.S. ARMED FO YES, NO OR UNKNOWN)  III. CAUSE OF DEATH lEnter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDIT  PORT 2. OTHER SIGNIFICANT CONDIT  OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  216 INJURY OCCURRED  WHILE AT WORK ASSENCE OF MEDICAL EXAMINER)  216 WHILE AT WORK ASSENCE OF MEDICAL EXAMINER	ATHER'S NAME FIRST  RUFUS  PART L  SOCIAL SECU  VES. NO OR UNKNOWN)  INMEDIATE CAUSE (O)  DUE TO, OR AS A CONSEQUE  CONDITIONS  ON OR AS A CONSEQUE  VES. NO OR UNKNOWN)  DUE TO, OR AS A CONSEQUE  VES. OR	ATHER'S NAME FIRST  RUFUS  WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN)  II  18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c),	ATHER'S NAME FIRST  RUFUS  BOLT  LOPTAIN  WAS DECEASED EVER IN U.S. ARMED FORCES? VES. NO OR UNKNOWN)  I (IF YES, GIVE WAR OR DATES)  YES OF DEATH (Enter only one couse per line for (b), (b), and (c).)  PART 1. DEATH WAS CAUSE DEV:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  19d. DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  19d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR AM. MONTH DAY YEAR (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. PLACE OF INJURY AT WORK OR OFFICE, FARM, ETC.)  21f. LOCATION STREET	THER'S NAME FIRST  RUFUS  Belt  Lorraine  MIDDLE  Belt  LOPRAINE  MIDDLE  LOPRAINE  ADDRE  VES. NO OR JUNKNOWN)  YES. NO OR JUNKNOWN)  YES. WWW II  18. CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONI  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING OR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR ON THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONI  210. ACCIDENT WAS UNDERLYING OR ON THE CONTRIBUTION OF THE	ATHER'S NAME FIRST  RUFUS  Belt  LAST  Belt  LOPTAINE  HO  MODIE  RUFUS  MAD DECEASED EVER IN U.S. ARMED FORCES?  IBb. SOCIAL SECURITY NO.  IF YES, GIVE WAR OR DATES)  YES, NO OR UNKNOWN)  YES ON OR UNKNOWN)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  COnditions, if ony, which gove rise to immediate couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  FIRST  LOPTAIN  INFORMANT  ADDRESS  Samuel C. Belt,  Balto  INFORMANT  ADDRESS  INFORMANT  ADDRESS  INFORMANT  ADDRESS  INFORMANT  ADDRESS  INFORMANT  ADDRESS  INFORMANT  ADDRESS  INFORMANT  INFORMANT  INFORMANT  ADDRESS	ATHER'S NAME PRIST  RUIGUS  Belt  LOPTAINE  Holden  MAS DECEASED EVER IN U.S. ARMED FORCES? VES, NO BE UNKNOWN)  WW II  218 01 0588  Samuel C. Belt,  Balto., N  BILLIANS OF DEATH LENter only one couse per line for 10), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  OUNDERLYING COUSE TOST.  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING PART 1. CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19  211. INJURY OCCURRED WHILE PART 2. OTHER SIRRET LORD PART 1  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING PART 1. OR AM. MONTH DAY YEAR P.M. 19  211. INJURY OCCURRED WHILE PART 2. OTHER SIRRET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET  CITY OR TOWN COUNTY  COUNTY

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S HAME (TYPE OR PRINT)

23b. DATE 4/9/83

23c NAME OF CEMETERY OR CREMATORY Govans Pres. Ch.

22e ADDRESS

DEGREE

Cem., Balte.,

ATTENDING PHYSICIAN

23d. LOCATION

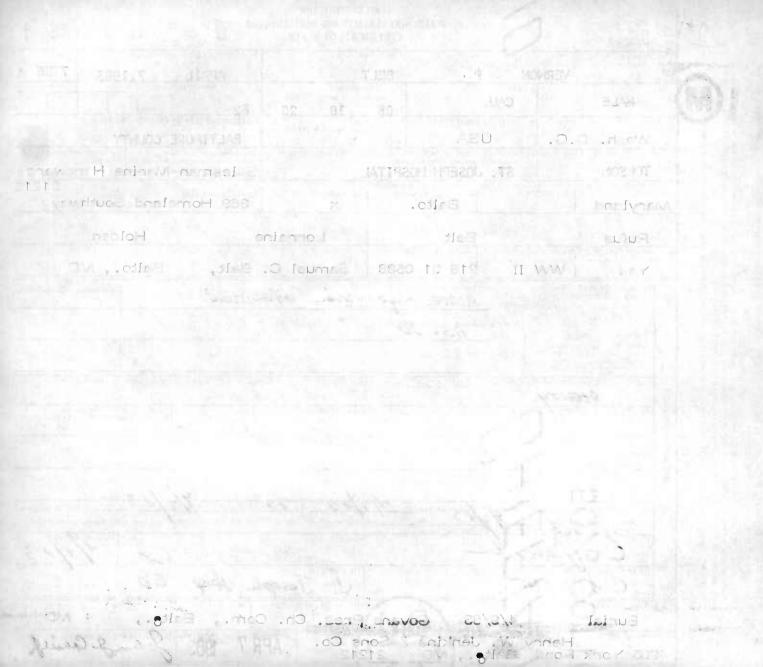
STAFF

MOTATE

TRE DATE

4 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balte., MD 21212

MEDICAL



6010 REISTERSTOWN DD RATTIMORE MARYLAND 21215

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Leave to the contract of the sone will THE 25 1983 P. C. S. COLDE

15M 7/77

water of the , 3 (c 5.0 E3 E3 E4 Youron to the second of the se dell'asson de particular de la care de la ca report. If the second Participant of the land state of the control of the Note 15, 12 4 12 10 Martie Cell. 1 Chico Line 1 Balco. 3 151. The Lordon Landard Long, Dic. To hour, M. S. To. 1998 25 983 Jack J. Achily

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART TO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NO C THE HOW INJURY OCCURRED. [ \$ 10158 MATURE OF PAULES OF THE R. H. PART II CHE PART 2. COUNTY and that in (my) com opinion death occurred on the date and hour and from the couses stated 22L DATE MIGNED BURIAL MARYLANDATE BETH EL MEMORIAL CEM. RANDALLSTOWN BALTIMORE 74 FUNERALDIRECTOR SOL LEVINSON & BROS. INC. (VRA 15, 4) 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

12

MARYLAND

GUTKIN

(21215)

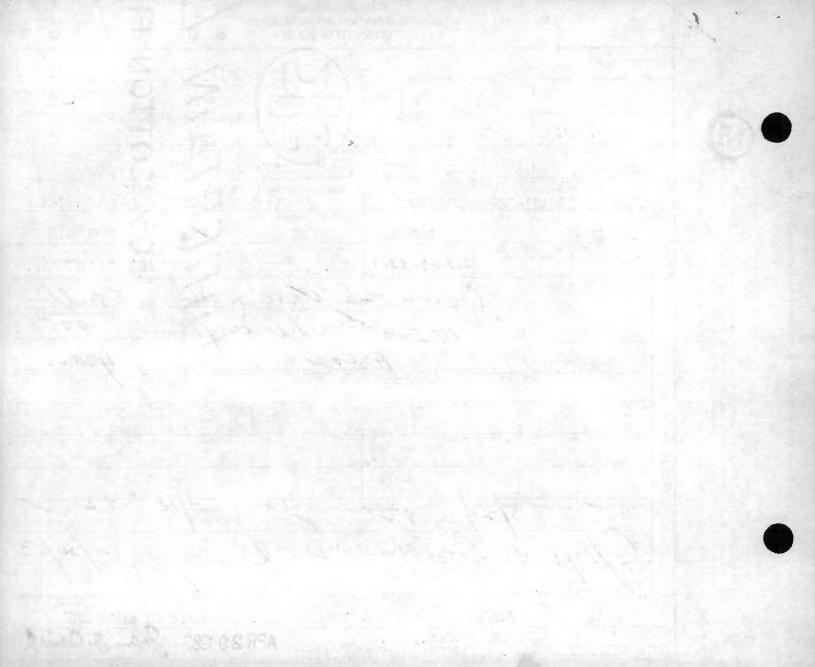
IF UNDER 24 HRS

DHMH - 16 50M 1/81

FOR

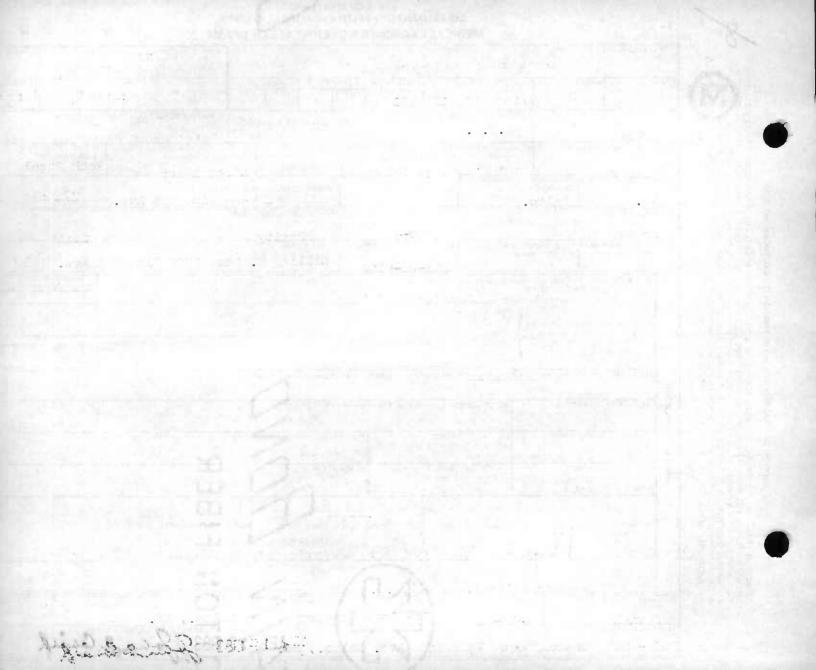
- STATE

REGISTRAR I. DECEASED NAME

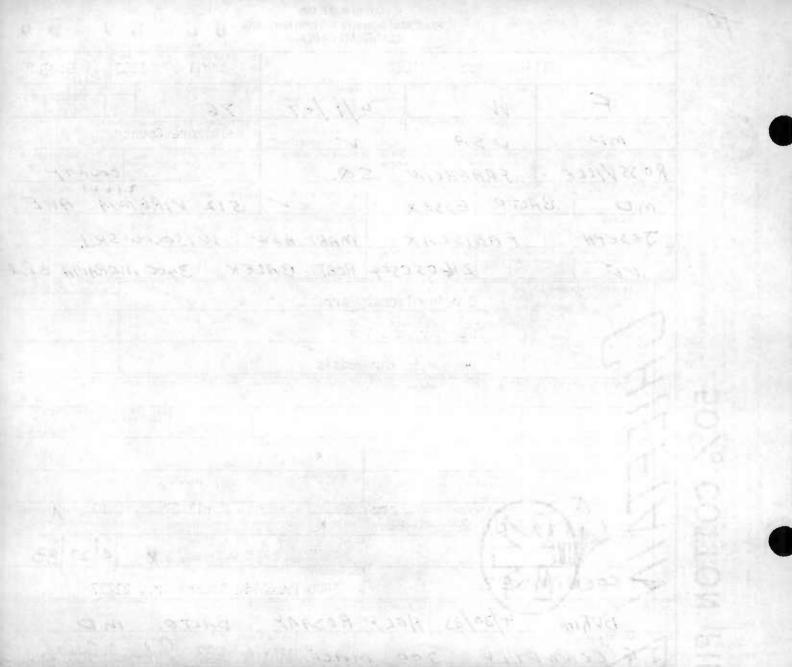


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) ESTI-OF Edgar Paul Best DEATH MATED 4-15-839 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 12:30 4-15-83 M W 10 19 11 71 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Ohio WIDOWED D LI Baltimore County
120 USUAL OCCUPATION (TYPE OF WORK 128) 2, AND 3 TO THE II.
3. RETAIN PAGE 5
2 SHOULD BE FILED
AL, RECORDS, 201 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Beth Steel Electrician BALTIMORE, MD. 21201 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21222 Balto YES . 708 Pin Oak Ave. Md. NO . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME M PM MIDDLE LAST MIDDLE LAST URS AL. Bess Edgar Charity Smit 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS XAMINER ALONG WITH FOR AL-TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION N, OR REMOVAL. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Lillian M. Best 1708 Pin Oak Ave. 21222 213-09-0664 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Carcinoma of Lung DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION HOULD BE USED A PARTMENT OF HEA FOR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES V NO [ 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 21 TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted fram: Notural couses Undetermined monner TITLE (SPECIFY) ACTUAL 4-15-83 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE Oak Lawn Cemetery Balto. Md. BP. Burial 4-18-83 EGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 7922 Wise Ave. Balto., Duda-Ruck Funeral Home (VR A15 ME (5))

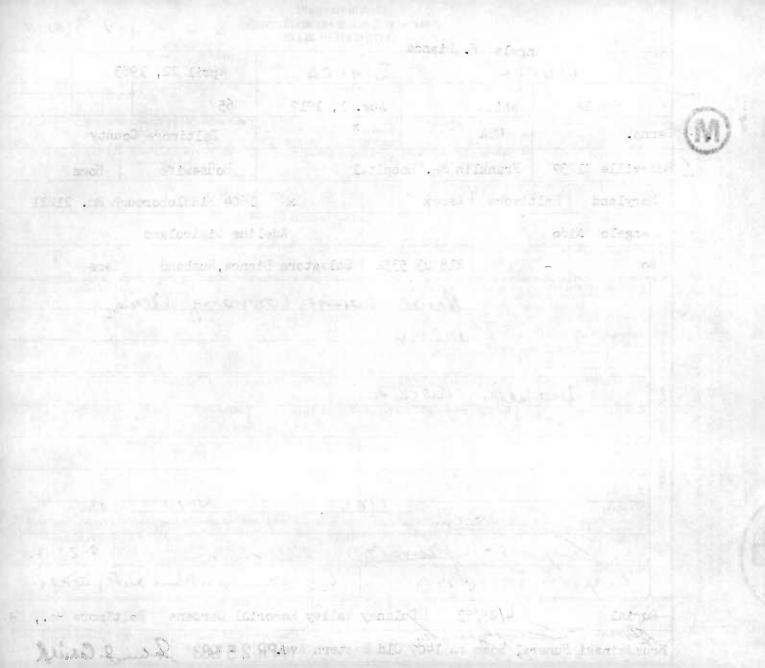
20M 4/82



(VRA 15, 4)



	1-	FOR STATE REGISTRAR		CEI	OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 3	0 9 0 5
ay be page 3 death		CEASED NAME FIRST AND	ela ela	F Bianca	BIANCA	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 22, 1983
fig.	3. SE	Female	4. RACE White		ATE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
Oth. Pos		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVER MARRIED		or county of DEATH
by the long		TY OR TOWN OF DEATH	11. NAME OF		ME OR OTHER INSTITUTION	120. ÜSUAL OCCUPAT (TYPE OF WORK FOR MOST Housewi	TION  GEWORKING LIFE) 126. KIND OF BUSINES INDUSTRY  Home
24 hours	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 134 COLL BALL	ROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS?	13604 Middi	eborough Rd. 2122
mplestely and 2 th		Angelo Nido	WIDDLE	LAST	15. MOTHER'S MAIDEN NO.		
r and ca Feperal	160. W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	218 03 535		ianca, Husba	
een signed be it. Then plea iar to burial, ny injury, ar a	ATION	Dia	betes	Melli.	BUT NOT RELATED TO THE TER		
no. has been permit. I has any ii	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
if SICIAN: The la ding physician. Is certificate has burial-transit per Mental Hygiene or Item 18 shaws.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	OF INJURY A.M. MONTH DAY Y	21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART ( OR PART 2)
or ottendir After this e as the bu alth and Marked ar I	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR T	OWN COUNTY ST
spital or Spital or CTOR: Af Ifor use a of Health		22a.1 certify that (1) (this has saw the deceased alive o above, (1) (we) (did) (did n	1-4-20	0-03 19	, and that in (my) (aur) apiniar	, ta, ta	date and hour and fram the causes stat
PITAL OR A by the host ERAL DIREC e detoched Stote Dept.		27b. SIGNATURE	da	Gruss.	PHYSICIAN	MEDICAL STA	AFF ICIAN   221. DATE SIGNED
TO HOSPITAL OF TERDINED by the Should be determined with the State DIMPORTANT: If		224 PHYSICIAN'S NAME (TYPE		S MD	405 FE		un Rd, 2/221
		BURIAL, CREMATION, REMOVA	4/25	/83 Pula	of CEMETERY OR CREMATORY ney Valley Memo	rial Garden	s Baltimore Co.51
BP		30 -					R 25L-REGISTRAR'S SIGNATURE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	3	0	9	U	5	3
	DEC NO					

	1 -	- STATE REGISTRAR			DEI ANI		ICATE OF D		REG.	NO.	7 0		
			arry larry		Alonzo	3	Bisonet		20. DATE OF DEATH	MONIH D	83	26 HOUR 30	M
	3. SE	Male		4. RACE Whit	,	July		1 9 04	6 AGE (IN YEARS LAST	BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HR	_
5	(	RTHPLACE (STATE OR COUNTRY)  Aichigan	FOREIGN	TISA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVERA	ARRIED -	9 BALTIMORE CITY	or county			MD.
1	10 C	TY OR TOWN OF DE		11. NAME OF H	OSPITAL, NURSI			ITUTION	12a USUAL OCCUPA 1 Lype of work for MOS	TION TOF W" " IFF	12b. KIND C INDUSTRY	F BUSINESS C	DR
L	130. S	AL RESIDENCE (# NUR STATE aryland	136 COUP	OTHER INSTITUTION,		RE ADMISSION)	13d INSIDE C		Naval off  13e. STREET ADDRES  13801 You	5	Mili	1030	-
36		ATHER'S NAME FIRST Levi	12010	MIDDLE	Bisonet	VIIIC	15. MOTHER'S	MAIDEN NAM		Parma	LAS	51	
1		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? /E WAR OR DATES) - 1955	218-40-				keysvillæ; C. Bison		2103 301 Yo		
	7	Conditions, if ony gove rise to im couse (0), state underlying couse	mediate ng the e lost.	(b) DUE TO, OR (c)	R AS A CONSEOU Chara R AS A CONSEOU DITRIBUTING TO	in /	and a Cu	Faul TO THE TERM	lene MAL DISEASE OR CO	INDITION GIVE	N IN PART 1	0'	_
2	CERTIFICATION	19a. DATE OF OPERA	TION	7 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?	_
	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DE	1111	M. MONTH D M.	DAY YEAR	211. LOCATIO		ED (ENTER NATURE OF IN				
	ME	WHILE NOT WAT WORK 220.1 certify that (I	ORK		e, deceased from	FARM, ETC.)	STREET	_, 19	city OR	10WN	COUNTY	that (I) (we) la	ost
		sow the deceo obove, (I) (we) ( 27b. SIGNATURE	(did) (did no	OR PRINT)	ofter death.		DEGREE ) A 27e ADDRES	TTENDING PHYSICIAN [	MEDICAL SI DIRECTOR PHYS	AFF SICIAN D	22c. DATE	SIGNED /// 83	 
		BURIAL, CREMATION (SPECIFY)  Cremati			23с.		EMETERY OR O	REMATORY	23d LOCATION CITY OR TOWN	Dai	lton	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

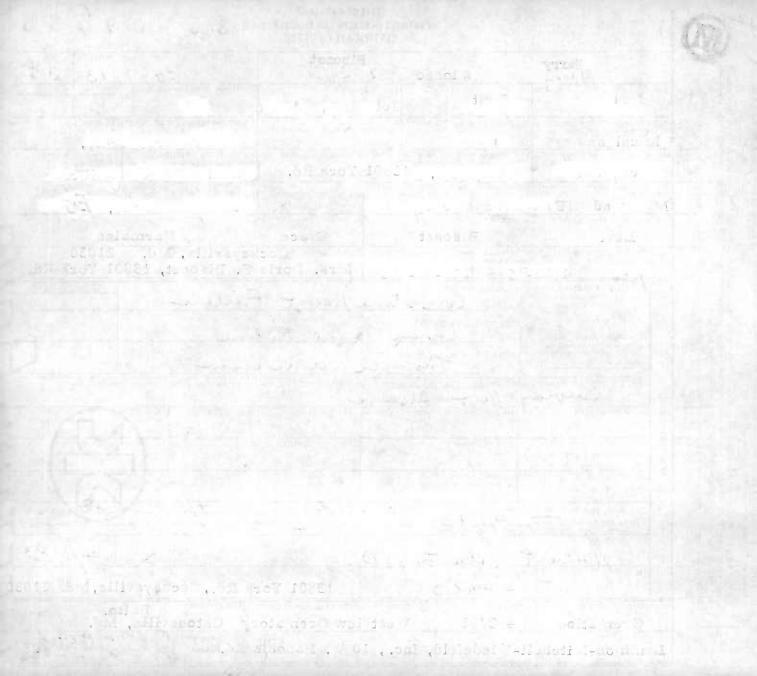
TO FUNERAL DIRECTOR:

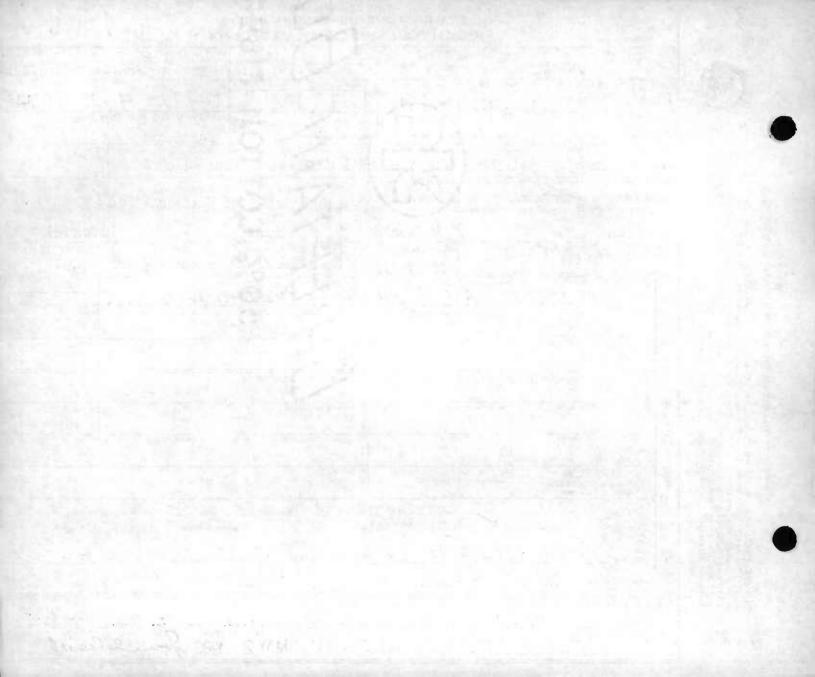
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the medical exami

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR
Lemmon-Mitchell-Wiedefeld PresInc., 10 W. Padenia Rd. 983





4905 York Road Balto. MD 21212

- STATE

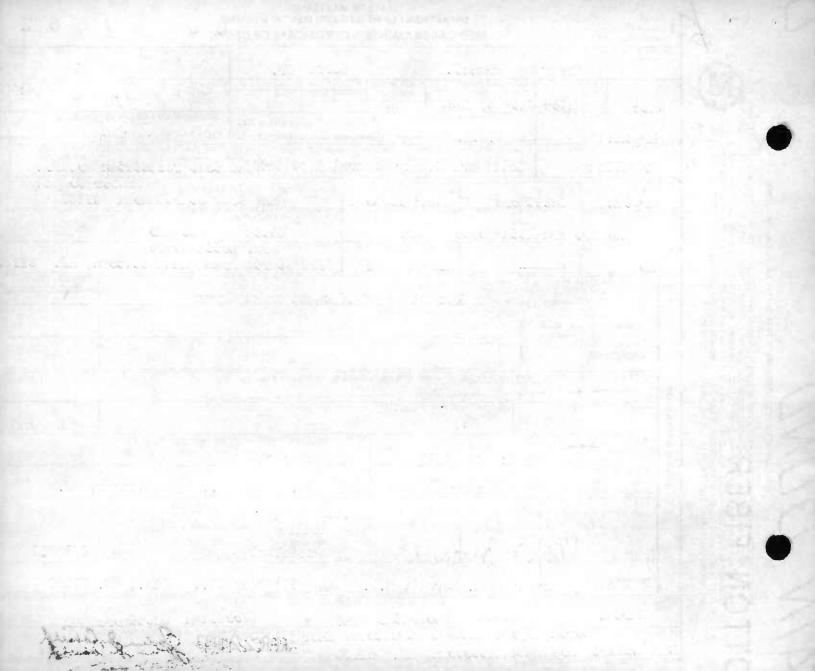
DHMH - 16 50M 4/B2 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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VISION OF VITAL RECORDS, 201 W. PRESTON ST., I	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 0

1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		9 0 6 3
	CEASED NAME FIRST Walter	F. MIDDLE	Boose	April 15, 19	983 7:45A
3.5E	<sup>x</sup> Male	1. RACE White	5. DATE OF BIRTH May 8, 1902	6. AGE (IN YEARS LAST BIRTHDAY)  AR  80 YRS.	MONTHS DAYS HOURS MIN.
Mo	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	MARRIED NEVER MARRIE	Ballimore (	
C	atonsville	302 Sucracility	AL, NURSING HOME OR OTHER INSTITUTION OF REPAIR PLACE	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING Salesman	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Bakery
USU 13a.	AL RESIDENCE (IF NURSING HOME C STATE Md 13BCOL	INITY 112. CIT	Y OR TOWN 111 P 13d. INSIDE CITY LIM TONSUILL PYES NO	200 (100)	in Place
M. F.	El i	MIDDLE	Blast Edith	MIDDLE	ingling
16a \	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES	CIAL SECURITY NO. 17 INFORMANT 5-10-4576 Mrs. M	ary K. Boose	tonsville, Ma.
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C	MSCE!	IE TERMINAL DISEASE OR CONDITION G	IVEN IN PART ) (a)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{NO} \)
MEDICAL CEI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED  WHILE NOTIFY OF THE ATTWORK AI WORK  220.1 certify that (I) (this hosp sow the deceased alive or above, (1) (we) (didy did not the state of	P.M.  21e PLACE OF INJU (AT HOME, STREET, FACTO poitol) attended the deceo-	PORTH DAY YEAR  19  RY RY, OFFICE, FARM, ETC.)  Sed from , 19  ath. 19  DEGREE	CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  Dinion death occurred an the date and hard	COUNTY STATE  , 19 , that (I) (we) lost
230.	BURIAL, CREMATION REMOVA	April 18	,1983 Wesley Met	TORY 23d. LOCATION	COUNTY STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

OF FUNCTAL DIRECTOR: After this certificate has been signed by the attending physicion and extended for use as the burial-transit permit. Then please remove carbon papers. Pages I will the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

PORTANT If Hem 21 is marked or Hem 18 shaws any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

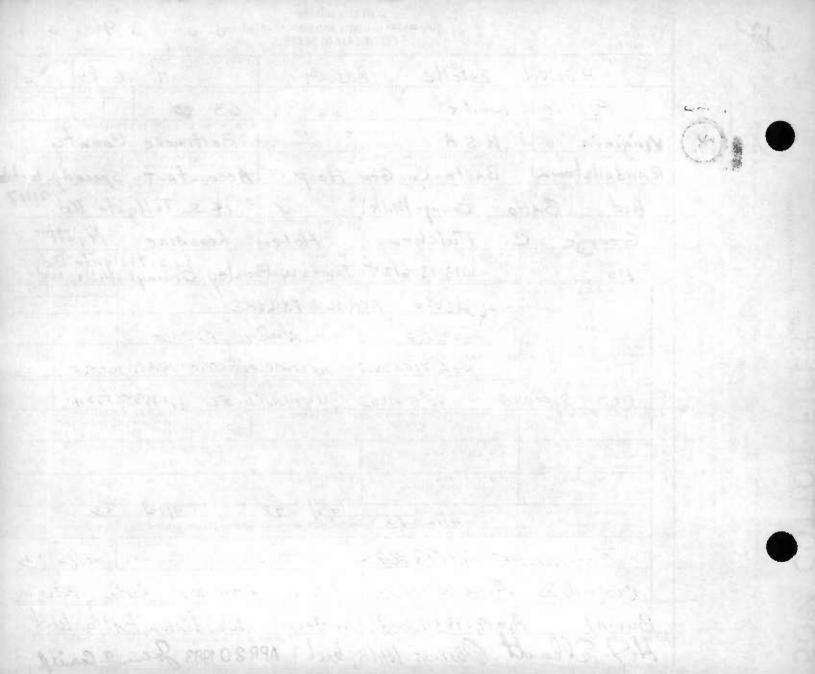
etuined by the hospital or ottending physician.

24 FUNERAL DIRECTOR Sterling Juneral OF State

250. DATE REC'D. BY REGISTRAR 250 AGGISTRAR'S SIGNATURE

Marte 29, 1973	Rocke	· 1 102	
	1902		
,	X		- Designation
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Private and the	589 . T. 2584-01-0	pro-lin limited also	

(VRA 15, 4)



injury, or ather troumatic event,

IMPORTANT: If Item 21 is morked or Item 18 shaws any

24 FUNERAL DIRECTOR

Funeral

Home,

MacNabb

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 3

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		REGISTRAR				CEKII	FICALE OF D	EATH	RE	G. NO.		
		CEASED NAME	FIRST		WIDOLE		LAST		20 DATE OF DEA		OAY YEAR	2b HOUR
	(1.77)		sther	I/	lay	E	lowers		April	14, 1	983	6:45 a
	3 SE	Х		4 RACE			OF BIRTH		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	-	Female		Cauca	sian	Feb	13,	1897	86	YRS	MONTHS DAYS	HOURS MIN.
Z		RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUN	VTRY? B.	ED NEVERA	ADDIED X	9 BALTIMORE C		TY OF DEATH	
2		Marylan	d	U.	S.A.	WIDOW		ORCED	Balti	more (	county,	MD.
1	10. CI	ITY OR TOWN OF	DEATH	11, NAME OF	HOSPITAL, N	URSING HOME			120 USUAL OCCI	JPATION	126 KIND C	F BUSINESS OR
2		Catonsv		320 M	. Ker		ve, 21	228	Nurse	AOST OF WORKING		ical
0	13a. S	AL RESIDENCE (#	NURSING HOME OR		13t. CITY OF		113d INSIDE C	TV HALLES 1	13e STREET ADDR	ecc		
2		aryland		imore		sville		NO 🔀	320 W.		od Ave	. 21228
例	4. FA	THER'S NAME		MIDDLE	LAS	ST.		MAIDEN NAM	NE MID	nir.		
6		George		wton	-	vers	Anna		Gertr		Bec	ker
1		VAS DECEASED E		MED FORCES?	16h SOCIAL	SECURITY NO.	17. INFORMA	VT	A	DDRESS		
		No	N.		213-3	34-5146	Mr. C	. Jay	Kerbe	Sam	e as #	13
		18 CAUSE OF D	EATH (Enter on	ly one couse pe	r line for (o), (	bi, and iou					APPROXI BETWEEN	MATE INTERVAL
		PART I. DEAT	WAS CAUSE		Tal.	Me	astalic	Carci	noma		ma	itai
		DUE TO, OR AS A CONS GENCE OF 1 +1 D D										
		Conditions, if		(b)	M AS A COM	Cucin	ma of.	The Co	ton		- Vu	mtas
		gave rise to	immediate toting the	DUETO	P AC A CONI	SEQUENCE OF	17					
		underlying co	ouse last.	(10)	M AS A COIN.	SEQUENCE OF						
		PART 2 OTHER S	GIGNIFICANT	ONDITIONS C	ONTRIBUTING	G TO DEATH BU	NOT RELATED	TO THE TERMIN	NAL DISEASE OR	CONDITION G	IVEN IN PART 1:0	
	o N											
1	CAT	190 DATE OF OPE	RATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDIN	IGS USED
6	CERTIFICATION								YES NO		IFYING CAUSES	OF DEATH?
1		210. ACCIDENT WAS	lu-	21b. TIME C		H DAY YEAR	21c HOW IN.	URY OCCURRE	D (ENTER NATURE O		PART I OR PART 2)	
	CAL	OR CONTRIBUTING			M.	19						
	MEDICAL	21d INJURY OCC	URRED	21e PLACE			211 LOCATIO	N	CHY	OR TOWN	COUNTY	STATE
	2	AT WORK AT	T WHILE WORK	TAT HOME, ST	REET, PACTORY, O	FFICE, FARM, ETC.)	SINCE		City	1	COUNTY	STATE
	- 9	220.1 certify that	(I) (this hospit	ol) ottended th	e desensed f	rom a	No	19 03	to	4/14	1903	that (I) (wa) lost
	- 1	sow the dec	eosed alive on.		10		nd that in (my) i	opinion de	eoth occurred on t	he date and ha	our and from the	couses stated
		226. SIGNATURE	^	) view the body	orier deom.		DEGREE				22c DATE	SIGNED
		da	Mes 1	nolan		V	np A	TENDING	MEDICAL DIRECTOR PH	STAFF	11./1	5/83
T		22d. PHYSICIAN'S		PRINT			22e ADDRESS		DIRECTOR FI	ITSICIAIN [	14/1	5/05
	- 10	James .	J. Nol	an, M.	D.		1 Mal	low Hi	ill Roa	d, Bal	timore	, MD
		URIAL, CREMATIC	ON, REMOVAL	23b. DATE		23¢ NAME OF	EMETERY OR C	REMATORY	23d LOCATION			
	C	remati	on	4/15	/83	Securi	ty Pro	cess	Caton	sville	· Balt	o. MD

Catonsville,

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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SOLE ALE SEED II		er 102	400	
THE REPORT OF THE PERSON				

CTATE OF MARYIAND

MARRIED NEVER MARRIED

YEAR

LAST

2h HOUR

9:05ath

IF UNDER 24 HRS

FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH N
	JULIA	E	BRADLEY	4.
FEMALE	4 RACE	ITE	S. DATE OF BIRTH  MONTH DAY YEA  JULY 7 19	6. AGE IN YEARS LAST BIRTH

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ST JOSEPH HOSPITAL

13c. CITY OR TOWN

LAST

MONIUM

16b. SOCIAL SECURITY NO.

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DIVORCED

4-11-83 AST BIRTHDAY) IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME

MONTH

21093 13e. STREET ADDRESS

13d. INSIDE CITY LIMITS? 402 W. TINIONIUM NO X 15. MOTHER'S MAIDEN NAME

SARAH

17 INFORMANT

0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). EBRAL HEMORRHAGE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

21f. LOCATION

CITY OR TOWN

NOV

20g AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death.

23b. DATE

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

YES -

ATTENDING 22e. ADDRESS

P.M 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

should by BP

IMPORT

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR

CERTIFICATION

WEDICAL

23a BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION

WAS DECEASED EVER IN U.S. ARMED FORCES?

136. COUNTY

BALTO

(IF YES, GIVE WAR OR DATES)

TOWSON

MARVLAN M FATHER'S NAME

(YES, NO OF UNKNOWN)

90. DATE OF OPERATION

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

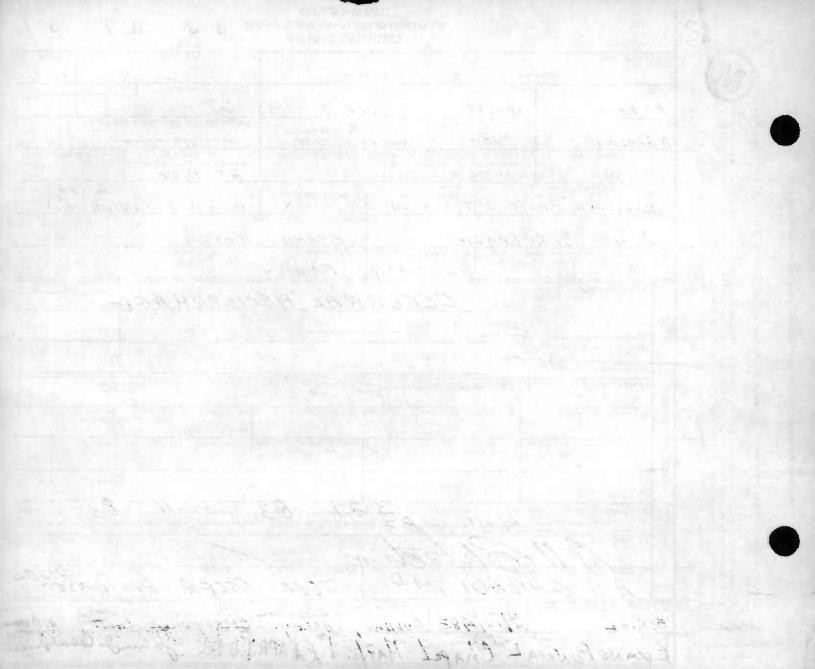
COUNTRY MARVLANL

13g. STATE

23¢ NAME OF CEMETER

DEGREE

23d. LOCATION CITY OR TOWN OCKEYSUIL



DHMH - 16 50M 1/81 (VRA 15, 4)

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO., MD

APR.28,1983

STANLEY STEINBACH, M.D.

230 BURIAL, CREMATION, REMOVAL 236 DATE

BURIAL

24 FUNERAL DIRECTOR

23d LOCATION BALTIMORE

BALTO., MD

11 SLADE AVE.

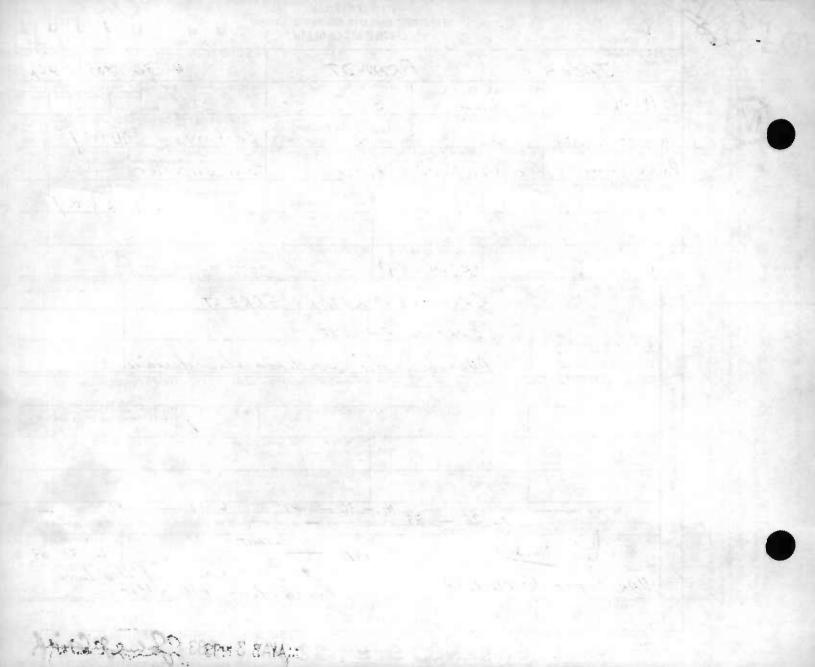
23c NAME OF CEMETERY OR CREMATORY

BETH TFILOH

MARYLAND

21208

ARREST ARREST PROPERTY. Without the first the larger transfer to the contract of the first transfer to the contract of 



	STATE	OF MAR	YLAND
_			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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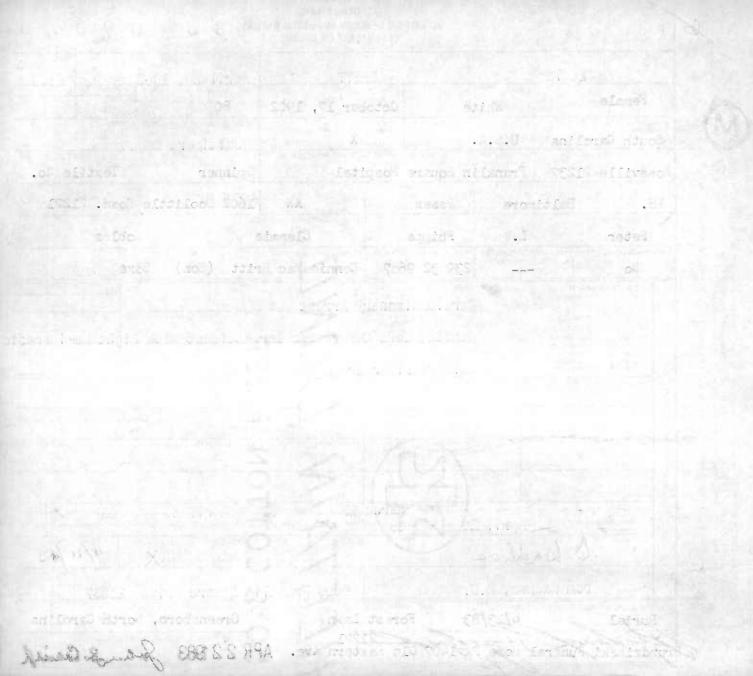
26	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 9 0 7 0								
		CEASED NAME FIRST	MIDDLE			LAST	20. DATE OF DEAT		DAY YEAR	26 HOUR	
		Leola				RITT	April 20	1983	3	4.50 M	
	3. SE		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female		White		October 17, 1902		80	YRS	MONTHS DAYS	HOURS MIN.	
MY	70 B	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8	D NEVER MARRIED	9 BALTIMORE CIT				
1/	S	outh Carolina			WIDOW		Baltimore County MD.				
11	10 C	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS			OF BUSINESS OR	
1/	Ro	ssville 21237	Franklin Square Hos			oital	Spinner	OST OF WORKING	Text:	Textile Co.	
26	130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU d. Balti	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CLITY OR TOWN ESSEX		E ADMISSION) /N 13d. INSIDE CITY UMITS? YES NOTE		1602 Doolittle Road. 21221			21221	
201	4 F	ATHER'S NAME				15 MOTHER'S MAIDEN NAME					
PL	1	Peter	T. WIDDIE	Phipps	s Clemm:		Le No		Nobles '	bles LAST	
00 /	160 \	WAS DECEASED EVER IN U.S. A	MED FORCES? 166 SOCIAL SEC				AC	DRESS			
med	(	(YES, HO OR UNKNOWN) (IF YES, GI	239 32 9687			Connie Mac Britt (Son) Same			ame		
injury, or other fro	NOI	Conditions, if ony, which gove rise to immediate couse lost.    Sepsis: Left Cerbrovascular Accident with Right Hemiparesi									
Z ows on	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?	
Item 18 sh		216, ACCIDENT WAS UNDERLYING TO THE OF INJURY OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.		M. MONTH D	DAY YEAR 19		RED (ENTER NATURE OF	INJURY IN ITEM 18	8 PART   OR PART 2)		
morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM,			211 LOCATION STREET CITY OR TOWN COUNTY			STATE		
2	Š	270 1 certify that # (this hospital) attended the deceased from March 17									
# # #		226 SIGNATURE D. Wadhwa				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2007					
MPORTANT: If Item 2		228. PHYSICIAN'S NAME (TYPE	thwa, M.	D		9000 Franklin Square Drive 21237					
TW.					EMETERY OR CREMATORY	23d LOCATION		Nofth Ca	rol the		
-	-		10/2/	-	01000						

DHMH - 16 50M 1/81 (VRA 15, 4)

Old Eastern Ave.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

APR 221983



4	FOR	DEDAI	STATE OF MAKTEAND  RTMENT OF HEALTH AND MENTAL HY	CIEME C'A S	0 0 0 2 1
	- STATE REGISTRAR	DET AT	CERTIFICATE OF DEATH	REG. NO.	0 9 0 / 1
may be poge 3	1. DECEASED NAME FIRST	HENRY	Brooks	20. DATE OF DEATH MON	10 1983 808 "
Se 4	3. SEX MALE	A RACE	5. DATE OF BIRTH MONTH DAY YEAR JAN 17, 1906	6. AGE (INIVEARS LAST BIRTHDA	YRS.
death. Pour min 72 hours of the standard of th	20. BIRTHPLACE (STATE OR FOREIGN MARY SAND	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DEATH  MD
by the filled with	DANTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR	NURSING HOME	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR INDUSTRY
filled in and be	MARYLAND TE	R OTHER INSTITUTION: GIVE RESIDENCE BEI	DWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3045 D Octob	2060/
ed within mpletely ond 2 sh	14 FATHER'S NAME FIRST  JAMES	MIDDLE LAST BROOK	15. MOTHER'S MAIDEN NA		GRIFFIN LAST
e execut n and co Pages 1	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)  219-36	AND THE RESERVE	ADDRESS	tober Pl Waldorf M
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, ottending physician.  When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to buriol, cremotion, or removal.  Orked ar Hem 18 shows any injury, or other traumotic event, the medical commentals being orked ar Hem 18 shows any injury, or other traumotic event, the medical commentals being the death of the commental shows any injury.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PARL2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO THE PROPERTY OF THE PROPE	DUENCE OF		ON GIVEN IN PART 1(0
The low requirements have been six permit. The sperm is the sperm is the sperm is the sperm in the sperm is the sperm in the speciments of the speciments in the sp	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	11	CHOPERATION WAS PERFORMED	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{\tikt}\text{\ti}\text{\\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\t
HYSCIAN: The ding physicion in certificate in buriol-tronsit in Mentol Hygies or Hem 18 sho	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
DING PH or ottenc After this se as the k calth and i	AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
VITEN spitol CTOR: for us of He	sow the deceased alive or	ital) attended the deceased from  4 — 0 19  15) view the body after death.	73.5		and hour and from the couses stated
ITAL O by the RAL D store D store D NT: # I	276. SIGNATURE	nogen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store with MAPORTANT:	R.O. CROS	LEY MD			Street Balto
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/15/83 2	Resurrection Cemeter		COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME ALEXANDER S. POI	E 2617 Pennsyl	ivania Ave., S.E.	R 1 8 1983	REGISTRAR'S SIGNATURE

MALE BLACK JAN 17, 1906 77  RYMAND UNITED STATES BALTIMORE LTIMORE GREATER P.G. NURSING HOME FARMER FARMER PARMING  ARYLAND PG WALDORF X 3045 D October P1,  AMES H. BROCKS R. GRIFFIN	2 Surfaced					
HAPLAND UNITED STATES BALTIMORE LIMORE GREATER P.G. NURSING HOME FARMER FARMER PARMING ARYLAND PG WALLORF X 3045 D October P1,  AMES H. BROOKS R. GRIFFIN		17	17, 1906			MALE
ARYLAND PG WALLORF X 3045 D October P1,  AMES H. BROOKS R. GRIFFIN					I.IU	MARYBAND
AMES H. BROOKS R. GRIFFIN	FARMING	FARMER	HOME	TER P.G. NURSING	GREA	BAHTIMORE
	er Pl,	3045 D Octor	X	WALDORF	PG	MARYLAND
	GRIFFIN		я.	BROOKS	• H	JAMES
● 219-36 9908 Emma Brooks-wife-3045D October Pl Weldorf	sober Pl Weldorf	-wife-3045D ●e	Emma Brooks	219-36 9908		N●

PG Maryland

Resurrection Cemetery Clinton, ALEXANDER S. POPE 2617 Pennsylvania Ave., S.E.

4/15/83

BURIAL

- STATE

REGISTRAR

Summitt Avenue LAST 1709 Summitt Ave PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 24 FUNERAL DIRECTOR ADDRESS DHMH-16 25M NAME (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

HOURS

176 KIND OF BUSINESS OR

5:121

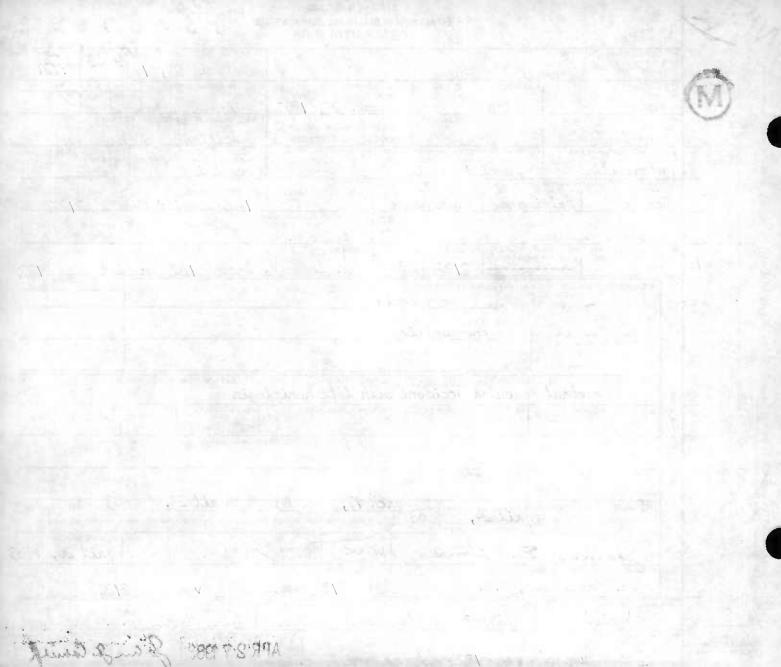
IF UNDER 24 HRS

1983

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY



			FIRST	M	DOLE		ICATE OF DEATH	2a. D.	REG. N	MONTH DA	Y YEAR	2b. HOUR
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moy r, pog	3. SE)			RACE	***	5. DATE C	FBIRTH		E (IN YEARS LAST BIR		UNDER I YEAR	
ge 4	M	ale	I	Black		MONTH 8			6	SI YRS.	8	HOURS MIN.
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0		altimore, M.		USA		WIDOWE	DIVORCE	DXX Ba	ltimore			M
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3		owson		Stella	Maris Ho	spice		Tr	uck driv	rer	Tru	cking
filled in			COUNTY	TER INSTITUTION, C			13d. INSIDE CITY LIM		TREET ADDRESS	2249	Ceci	1 Aye2
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Poges medico	YE	MOOR UNKNOWN) (1	IF YES, GIVE W				Catheri					
physician on popers. P emoval.	_	IB CAUSE OF DEATH			220-07-		Stella M	laris H	ospice	Dil Tane.	y Vali	MATE INTERVAL ONSET AND DEATH
he ottendin emove carb imotion, or r rr froumotic		Conditions, if any, will gove rise to immed	hich diate	(b)		dial	Infarction	1				
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signed by hen pleose to buriol, cr njury, or oth	NOI	gove rise to immed couse (a), stating	the state	DUE TO, OR	Myocar as a consequ	dial ENCE OF			ISEASE OR CON	IDITION GIVEN	V IN PART 1	0.
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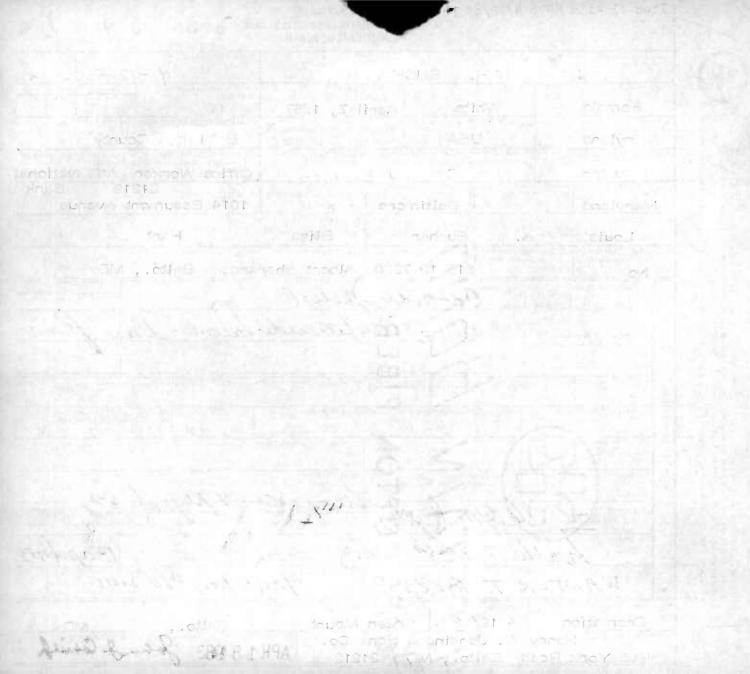
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page etoined by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction of the following th

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	ECEASED NAME	abella	MIDDLE		LAST	2a DATE OF DEATH	MONTH DA	AY YEAR	26 HOU
	ISAE	BEL H	I. BU	CHER			4-1	7-83	2:57
3 SE	EX	4 RACE		5. DATE (	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY} II	FUNDER I YEAR	IF UNDER
	Female	Wh	nite		il 7, 1887	96	YRS	O. C.	110083
70. BI	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
	Maryland		USA	WIDOWI	ED DIVORCED	Baltimo	ore Co	unty	
10 €	CITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSIN
	Ruxton	Mano	or Care	Ruxto		Office W		MD	
13a S	STATE THE STATE	OR OTHER HISTITUTION	13c. CITY OR TO	ORE ADMISSION)	113d. INSIDE CITY LIMITS?	.13e. STREET ADDRESS	2121	12	Ba
1	Maryland	****	Balti		YES X NO	1014 Bea	aumont	Ave	nue
14. FA	ATHER'S NAME	M IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Louis	A.	Bucher	r	Eliza	MIDDLE	Hart	()	AST
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		-
1	NO (14ES, NO OR UNKNOWN) (IF 4ES,	GIVE WAR OR DATES	318 10	7290	Albert Sher	rard. Ba	alto.,	MD	
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, C	DR AS A CONSEGUE	DUENCE OF	Skelvel  of the carely  NOT RELATED TO THE TERM	MAL DISEASE OR COM		see of	Ra
ICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, C  DUE TO, C  DUE TO, C  C  DUE TO, C  C  T CONDITIONS	OR AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF			NDITION GIVEN	N IN PART I	Ha (o)
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CERTIFICATION	PART 1. DEATH WAS CAU  4292 IMMEDI  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, C  DUE TO, C  (c)  T CONDITIONS C	OR AS A CONSEGUITION FOR WHICE	DUENCE OF  O DEATH BUT  CH OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES □ NO ☑	20b. IF YES, IN CERTIFYI	N IN PART 1 WERE FINDING CAUSE	INGS USER
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MEDICAL CERTIFICATION	PART 1. DEATH WAS CAU  1 2 92 IMMEDI  2 10 Storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN  2 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COUNTRIBUTING CAUSE OF COUNTRIBUTION CAUSE OF COUNTRIBUTING CAUSE OF COUNTRIBUTION CAUSE OF COUNT	DUE TO, C  (b)  DUE TO, C  (c)  T CONDITIONS C  196 CONE  HOUR A  P  216. PLACE	DR AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES □ NO ☑	206. IF YES, IN CERTIFY! YES	N IN PART 1 WERE FINDING CAUSE	INGS USER
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20M 4/B2

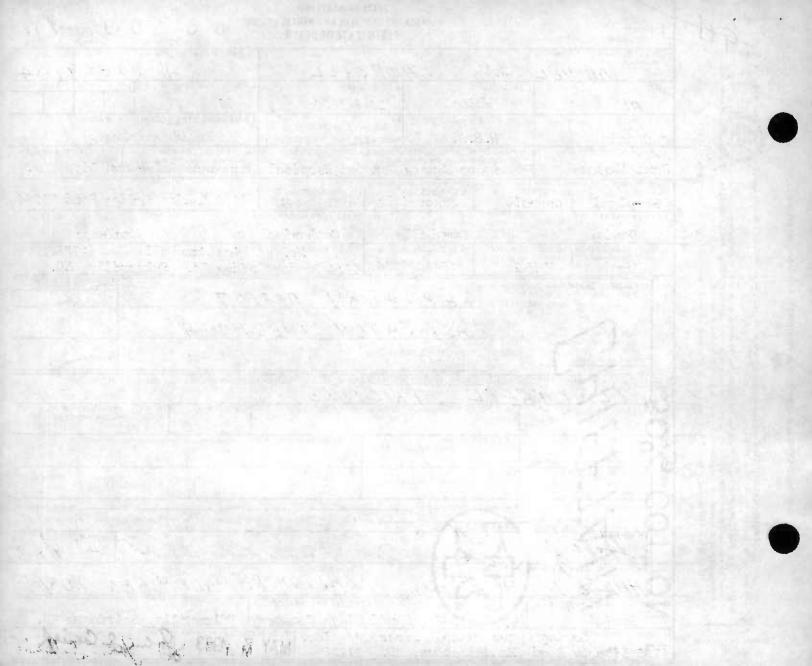
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the turning page 3 should be detached for use as the burial-transit permit. Then please contampopers. Pages 1 and 2 should be filled within the Store Dept. of Health and Mennal Hygene prior to burial, or removal.
--

(VRA 15, 4)

				STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0907
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		LEIL,	7 S. C.	ALHOUN	APR.	18,1983
	3 SE	x	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	REHDAY) IF UNDER I YEAR IF UNDER 24 H
1		5	W	MONTH /23/63	79	YRS DAYS HOURS M
m	Zo. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
16	1	V. CAROLINA	USA	WIDOWED DIVORCED	BALTE	OL COUNTY
17 30	10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 126 KIND OF BUSINESS
16	5	ASTPOINT	7952 EAS	TOALE AVE	HSWE	
20	USU 13n	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	21224
0		14	ALTO EASTF			ASTOALE AVE
B	14. F	THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
31		GEORGE	MIDDLE LAST	FA CAD LIA	~ RA	RKER
1			MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	ESS
/	(	(ES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES) 242 36	8943 JAMES C	FALHOUN	ABOVE
	-	7.4			772170010	
		PART I. DEATH WAS CAUSE	ily ane couse per line for (a), (b), ar D BY:		secturio-	APPROXIMATE INTERVA BETWEEN ONSET AND DE
8.7		4100 IMMEDIA	TE CAUSE (a)	Acous cerening c	)(: (-)(-)	
130	20		DUE TO, OR AS A CONSEQU	ENCE OF in y portons we Cordin 6	Executor Director	
	-	Conditions, if any, which gove rise to immediate	(b)	Hyprariae (Blass		
	6	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
			(c)			
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 11a
G	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
9	FIC	The Division of Children	The condition for which	OF ENAMED WAS TENION MED		IN CERTIFYING CAUSES OF DEATH?
0	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO
9		OR CONTRIBUTING CAUSE OF DE		AY YEAR	( ENTER NATURE OF INJU	ET IN (IEM IS PART   OKPART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		19		
1	MEC	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
		AT WORK				
			tal) attended the deceased from_	Sept 1961	to MANA	, indi (ii gare)
			1) view the body after death.	, one mer in (in), (ear) aprilled	death accurred an the de	ate and hour and fram the causes state
17		22b. SIGNATURE	4 1	DEGREE		22c. DATE SIGNED
	0	Manne	V. or Learn	ATTENDING PHYSICIAN [	MEDICAL STAT	
7		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
		MAWUEL	P. DE LEON	1105 M	* Islul. sml	in Both m
1						
_	23a I	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
-	230 B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	111/	ALLEY TOWN	ANDREW	COUNTY STATE

2 / 22/15 THE WALL STREET WAS THE STREET WAS LINE December of the second of the

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

IF UNDER 1 YEAR

- STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME TYPE OR PRINT! Annabelle **CESEWSKI** 

20. DATE OF DEATH MONTH

7614 Spruce Road

Female White TO. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland

MARRIED NEVER MARRIED DIVORCED [

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County,

& AGE (IN YEARS LAST BIRTHDAY)

66

21222

O CITY OR TOWN OF DEATH Rossville

Franklin Square Hospital

(TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker

12b. KIND OF BUSINESS OR INDUSTRY

Maryland 4. FATHER'S NAME

SEX

Baltimore Dundalk MIDDLE LAST

MONTH

15. MOTHER'S MAIDEN NAME Catherine

YEAR

1916

MIDDLE

13e. STREET ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Andrew

No

CERTIFICATION

b

morked

160. WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO. 215-07-2229 Walter J. Cesewski

13d INSIDE CITY LIMITS?

Buchkowski ADDRESS 7614 Spruce Road Balto., MD. 21222

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (o)

Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF Uremia

Karl

Possibly Disseminated Intravascular Coagulation-PART 2. OTHER SIGNIFICANT CONDITIONS CARDS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

Pulmonary Edema

210 ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

19 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

NON

and that in May) (our) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NO T

220.1 certify that (X (this hospital) attended the deceased from ADCI 22b. SIGNATURE

22e ADDRESS

DEGREE

DIRECTOR PHYSICIAN

20g AUTOPSY?

22c. DATE SIGNED

7922 Wise Avenue

DENISE A LEUNARDI

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

RANKLIN SQUARE DRIVE 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL Burial

4/27/1983 24 FUNERAL DIRECTO Duda-Ruck, Inc. ADDRESS

Holy Rosary Dundalk, MD. 21222

Dundalk Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then places remove corbonpapers. Pages 1 and 2 should be filed within 72 hours after deal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examine must be notified at page.

4 moy be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	S REG NO.	0	9	0	7	9
	PEG NO					

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).	, 0		
1	1. DECEASED NAME FR	RST	WIOOFE	· ·	AST	20. DATE OF DEATH	MONTH OA	Y YEAR	2b. HOU	R
		RY		CHAIK	IN	APRIL 2,	1983		3 A	• M
	3. SEX	4 RACE		S. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRT		UNDER I YEAR	HOURS	24 HRS
	FEMALE	WHIT	E	MAR	. 15, 1886	97	YRS.			
0	70. BIRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	F DEATH		
7	RUSSIA	Ţ	JSA	WIDOWE		BALTIM	ORE CO	UNTY		MD.
9	10 CITY OR TOWN OF DEATH PIKESVILLE	(IF NOT IN SU	HOSPITAL, NURSING CH FACILITY, GIVE STREET A	(DDRESS)	OR OTHER INSTITUTION  HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE		126. KIND C INDUSTRY AT H		SS OR
5	USUAL RESIDENCE (IF NURSING P 13a. STATE MARYLAND	COUNTY BALTO.	13c. CITY OR TOWN BALTIMO	V	13d. INSIDE CITY LIMITS? YES NOXXX	130. STREET ADDRESS 2708 JENNE	APT. R DR.		21209	
0	14 FATHER'S NAME FIRST ISRAEL	MIDOLE	LAPIDU	S	15 MOTHER'S MAIDEN NAM FIRST RISHA	WIDDLE		RTIN LAS	șī.	
	160. WAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.		S. RUTH STE			r. F	
	NO		117-36-8	244	2708 JENNER	DR. BALTO	., MD	2120	)9	
2		ote the DUE TO, (c)  CANT CONDITIONS C		EATH BUT	NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, V	WERE FINDING CAUSES	NGS USED	
	RITE	1 1/4				YES NO	YES		NO [	
1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 210. INJURY OCCURRED WHILE AT WORK AT WORK	E OF DEATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	211. LOCATION	ED (ENTER NATURE OF INJUR		COUNTY	51	FATE
	220.1 certify that (1) (this saw the deceased a above, (1) (we) (did). 22b. SIGNATURE		10123198		nd that in (my) (our) opinion of the property of the physician phy	deoth occurred on the do	F			
	22d. PHYSICIAN'S NAME	(1)	1.D-		220 ADDRESS 7220 PA	ARK HEIGH	rs Av	D		
	230. BRADING FEMATION, REAL SPECIFIC BURIAL	4-3.	-83 MI	. HEI	EMETERY OR CREMATORY BRON	FLUSHIN	r <b>G</b>	COUNTY ]	NEW Y	ORK
	24 FUNERAL DIRECTOR S	OL LEVINSO	V & BROS. I	NC.	25a. DATE	EREC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	TUBE	. 4

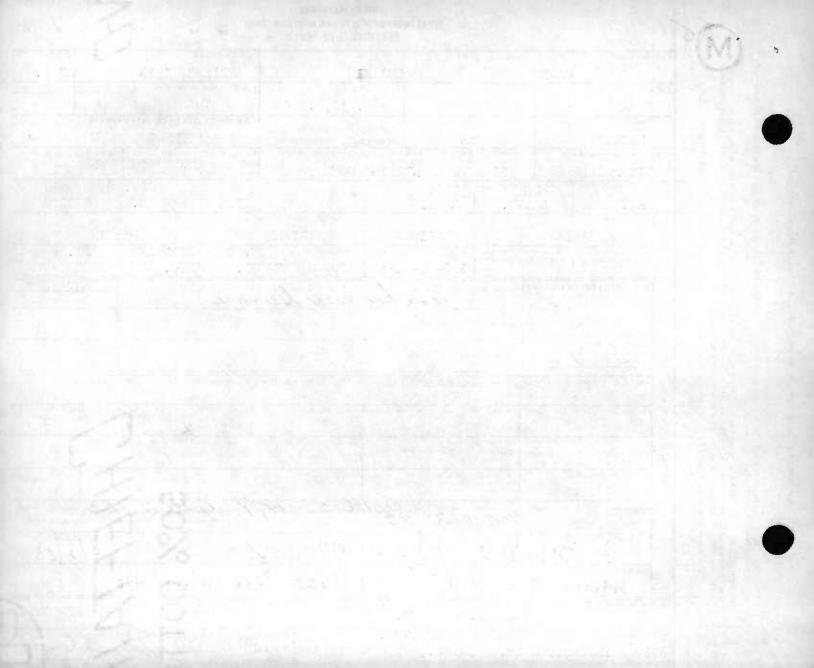
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FÜNERALDIRECTOR SOL LEVIN 6010 REISTERSTOWN RD.

BALTO., MD

21215



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	= STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST PE OR PRINT) Walter	A.	(hester	1	AST		MONTH DAY	YEAR	26. HOUR 8:33. M. M
3. S	Male	4. RACE White	2	S. DATE C	-3-1918 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Balto. City	U.S	WHAT COUNTRY?	8. MARRIEI WIDOWE	D DIVORCED	The Control of the Co	ore Cou	וולנו	MD.
	Fullerton	(IF NOT IN SU	Belair	Road	PROTHER INSTITUTION	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	Gander Gander	of BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME OR . STATE 13b COUN Bal	ΙŢΥ	13c. CITY OR TOW	ADMISSION)	YES NO TE	130. STREET ADDRESS	leen Rd		e Lodge £ 21235
L	FATHER'S NAME FIRST (harles t				15. MOTHER'S MAIDEN NAME FRANCE	s E. Franz		LAS	51
160.		MED FORCES? E WAR OR DATES)	218-01-	2796	Lillian O. (	hester - 1			21234 Rd. Apty MAYE INTERVAL ONSET AND DEATH
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(b)	R AS A CONSEQUI	C De	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	IN PART 10	zenl
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES		NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM ETC )	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
	22a.l certify that (1) this hospi sow the deceased alive on above (1) swe) (did (did no 22b. SIGNATURE	Bac	19		nd that in my (our) opinion DEGREE ATTENDING	MEDICAL STA	ote and hour o	nd from the	
	22d PHYSICIAN'S NAME (TYPE O	PRINT)	sora his	2	1220. ADDRESS	Oracles.	Ba CS	212	264
230	BURIAL CREMATION, REMOVAL	23h DATE 4-9-8	236.1		Edeemer (em.	23d. LOCATION CITXORTOWN Balto	Md21	20 6	STATE
0.4	FUNITED AL DIDECTOR				25a DAT	E DEC'D BY DECISTOAD	28 DECICTE	ADIC CIC MORT	TLIDGD A

DHMH - 16 50M 4/82

BP.

IMPORTANT: # frem 21 is

John C. Miller Inc-6415 Belain Road-21206

SEEVE	read power		no was	2015	
	76	/ / m = m	a'i'		inte
of any line				4.47	. Alles
a live on the	- aln'aiquae		1072 Seleia Nor		
inside Ladge on VI. Appl. 1, 212	1703 Hemles		at a	Zalfa.	.84
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			- 1	1.123	

		FOR			DEPARTA	STATE MENT OF H	EALTH AND MENTAL HYG	IENE 629	0	Q /1 /	2
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0	1 10	
	I. DEC	CEASED NAME	FIRST		MIDDLE	L	ASI	2s. DATE OF DEATH	MON'H DA	Y YEAR 2b. H	HOUR
		OR PRINT)	Anna		М.	C	lass	Apri	15,	1983 7.	:55
	3. SE)	emale	4	4. RACE Whit	е	5. DATE O		95		FUMBER I YEAR IF UNDITED THE DAYS HOU	NDER 24
35		RTHPLACE (STATE C		76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimo	R COUNTY C		
10		TY OR TOWN OF D	EATH	( IE NOT IN SU	CHEACHITY GIVE STREET	NG HOME O	Nursing H.	120 USUAL OCCUPATION OF MOST OF MOST OF WORK FOR MOST OF MOST	ON DE WORKING LIFE)	126. KIND OF BUSINDUSTRY	
35		AL RESIDENCE IN NO.			13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO.	13e STREET ADDRESS 8701 Harf	ord R	d. 2123	34
30	14. FA	THER'S NAME FIRST Yost		WIDDLE	Mille		IS MOTHER'S MAIDEN NA Margare	ME MIDDLE		Schmidt	;
medical		VAS DECEASED EVE		MED FORCES? E WAR OR DATES}	220-44	7428	Arnold Cla	ass 8701 H	ss arfor	d Rd. 2	212
The .		18. CAUSE OF DEA	ATH (Enter on	ly one couse per	r line to 15 th an	dict.		W. 49 - 18		MTWEEN COOST	AND D
5							,-			1	
diner noon		Conditions, if or gove rise to it couse (a), sto underlying cou	mmediate ting the	(b)_	OR AS A CONSEQUI						
ory, or direct froum	z	gove rise to in couse (a), sta underlying cou	mmediate ting the use last.	(b) DUE TO, O (c)	PR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(o)	
ows only injury, or direct froum	IFICATION	gove rise to in couse (a), sta underlying cou	mmediate iting the use last. GNIFICANT C	(b)	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS (	
em 18 snows ony injury, or direct froming	AL CERTIFICATION	gove rise to it couse (a), sto underlying could part 2 OTHER SI	mmediate ting the tise last.  GNIFICANT C  RATION  UNDERLYING CAUSE OF DEA	DUE TO, O  (c)  CONDITIONS C  19b. COND  21b. TIME C HOUR A	ONTRIBUTING TO DITTION FOR WHICH	DEATH BUT		20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF D	DEATH
rived of frem 18 shows only injury, or differ from the free free free free free free free fr	MEDICAL CERTIFICATION	gove rise to it couse (a), sto underlying counderlying counderlying counderlying DATE OF OPER 21a, ACCIDENT WAS LOR CONTRIBUTING (IF EITHER NOTIFY MIZE IT NOTIFY MIZE NOTIFY	mmediate ting the tise last.  GNIFICANT C  RATION  UNDERLYING CAUSE OF DEA EDICAL EXAMINER	DUE TO, O  (c)  CONDITIONS C  19b. COND  19b. TIME C  H HOUR A  P  21e PLACE	OR AS A CONSEQUI	DEATH BUT H OPERATION AY YEAR 19	n was performed	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF D	O [
21 is marked or mem 18 shows only injury, or direct froum	CAL	gove rise to it couse (a), sto underlying counderlying counderlying counderlying DATE OF OPER 210. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER NOTIFY MI 21d INJURY OCCU	mmediate ting the tise lost.  GNIFICANT C  RATION  JINDERLYING CAUSE OF DEA EDICAL EXAMINER JIRRED  WHILE CONTROLL  (I) (this hospit assed alive an	DUE TO, O  (c)  CONDITIONS C  19b. COND  19b. COND  17b. TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING TO.  ONTRIBUTING TO.	DEATH BUT  H OPERATION  AY YEAR  19  FARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY! YES RY IN ITEM 1B PAR	WERE FINDINGS ING CAUSES OF DING (AUSES OF DING)	ST/
I: If Item 21 Is marked or Item 18 shows only injury, or arrive troum	CAL	gove rise to it couse (a), sto underlying counderlying counderlying counderlying Counderlying Counderlying Counterly MAS LOR CONTRIBUTING CIFEITHER NOTIFY MIZE CONTRIBUTING CIFEITHER NOTIFY MIZE COUNTERLY CONTRIBUTION COUNTERLY COUNTERL	mmediate ting the tise lost.  GNIFICANT C  RATION  JINDERLYING CAUSE OF DEA EDICAL EXAMINER JIRRED  WHILE CONTROLL  (I) (this hospit assed alive an	DUE TO, O (c) CONDITIONS C  196. COND  196. COND  196. COND  216. TIME C HOUR A 1 21e. PLACE (AT HOME, ST	ONTRIBUTING TO.  ONTRIBUTING TO.	DEATH BUT  H OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	70b. IF YES, IN CERTIFY! YES RY IN ITEM 18. PAR	WERE FINDINGS ING CAUSES OF DING (AUSES OF DING)	STA

23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial.

230 BURIAL, CREMATION, REMOVAL

Lassahn Funeral Home 7401 Belair Rd.

23b. DATE 4-9-83

Baltimore Parkwood Cemetery APR 1 1 1983

Maryland



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.				
	CEASED NAME FEOR PRINTI		CLATT	ER BUCK	20 DATE OF DEATH ME	ONTH DAY YEAR 26 HOUR 29198 3 3 4 M			
3 SE	X	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DATS HOURS MIN.			
	Female	White	3	- 0. 20	95	YRS DATS HOURS MIN.			
AL B	IRTHPLACE (STATE OR FORE	76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH			
1	Maryland	U.S.A	widow		Baltimore County				
	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	ROXTON	120. USUAL OCCUPATION 126 KIND OF BUSINES 11795 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
130	Maryland			13d. INSIDE CITY LIMITS? YES NO 🛣		arles St, 21204			
14 F.	Prosper	MIDDLE	Gibbons	15. MOTHER'S MAIDEN NA/	MIDDLE	Franklin			
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	225-52-0899 223-24-3461D	Ryan Funera	P.O.1	Box #3 22973 ardville, Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
NOI	underlying couse I	the   DUE TO, O	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)			
CERTIFICATION	198 DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERATIO	DN WAS PERFORMED		NO TYPES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO			
EDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N (IEM 18 PART   OR PART ?)			
MED	21d. INJURY OCCURRED	LAT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		n hount attended the plive on (d <del>id not) view the body</del>			death occurred on the date	and hour and from the causes stated			
Ž	27b. SIGNATURE	solter .	Kees v		MEDICAL STAFF DIRECTOR PHYSICIA	29 april 982			
	22d. PHYSICIAN'S NAME		KEESS	22e ADDRESS	outter fe	d			
	BURIAL, CREMATION, REA   Burial	736. DATE 5-3-83		EMETERY OR CREMATORY Memorial Gdns	23d LOCATION Albemarble	e Co. COUNTY irginia STATE			

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached far use as the burial-transit permit. Then with the State Dept. at Health and Mental Hygiene prior to bu

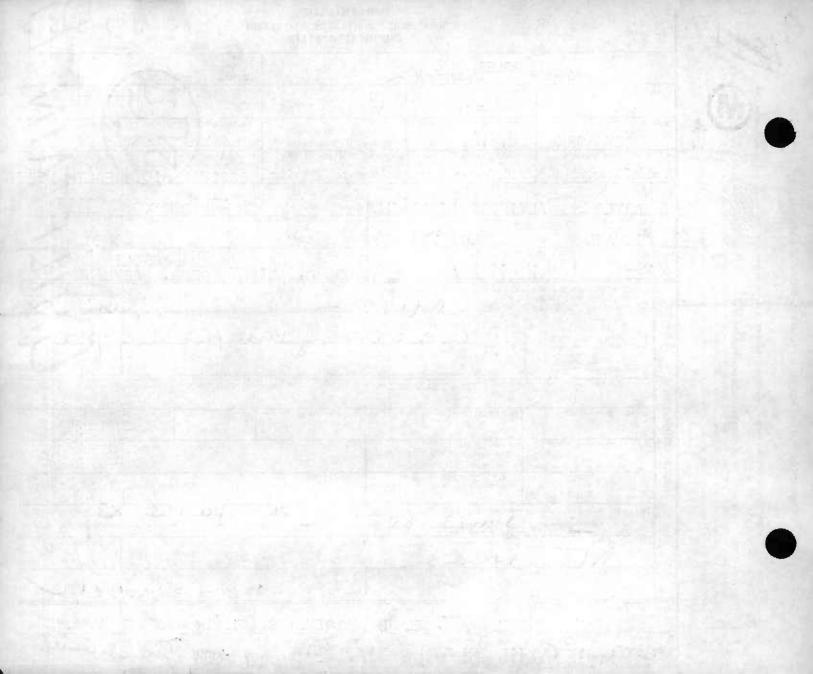
marked or Hem 18 shows

MPORTANT: If Item 21 is

5-3-83 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 Albemarble Co. Virginia

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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			C.



(VRA 15, 4)

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	nights sales inline to the lie	
Marin Comment	THE RESERVE HE ASSESSED.	

	1 -	_					MARYLAND					
as	1-	FOR STATE REGISTRAR			DICAL EXAM			2	o uf	0 5	10	8 5
		CEASED NAME	. FIRST	7712	WIDDIE	IVER 3	LAST	OF DEA	20. DATE KNOV	G. NO.	H DAY	YEAR IN HOUR
War of Str	(TYPE OR PRINT)  OF ESTI-								1/	1/20	B 155	
ROUGE	3.58		4. RACE	5. DATE OF BIRTH			NDER 1 YR. IF UN	DER 24 HRS.	2c. DATE	MONTH	DAY	YEAR 2d. HOUR
NAZZER W	1	Male	White	Sept. 10	1931 51	YRS.	HS DAYS HOURS		PRONOUNCED DEAD	Ahre	1270	8365
- 2/	7 B	RTHPLACE (ST.		76. CITIZEN OF W	HAT COUNTRY?	To.	IED XNEVER MA	DDIED 🗆	9. BALTIMORE C	ITY OR COU	NTY OF DEA	TH
	1	Md.		USA	4_			RCED	BALTI	MORE (	COUNTY	Y MD
1	ID C	ITY OR TOWN			SPITAL, NURSING HO			FOR A	AL OCCUPATION	N (TYPE OF WORK		OF BUSINESS DUSTRY
30438	1	TOBSON		6701 N	CHARLES		GBMC	Dr	aftsman	-1	Engr	
SCHAN SO	13a. S	AL RESIDENCE (	13b. COUN Ba		INE RESIDENCE BEFORE ADM	4	13d. INSIDE CITY LIMIT	13e. STRE	ET ADDRESS			
2 44 % SH	-		Ва	ito.	Lutherv	ılle	YES NO		1 Valley	yfield 1	Rd., 2	1093
M HON-H		ATHER'S NAME FIRST		WIDDIE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	7.15
# 58 × 50 ×		rmeneg	SILOO EVER IN U.S. AR/	150 500 5500	Cocco		Olga 17. INFORMANT		4.55	CORESS	olantor	nio
ALL MAN SECOND /	(,	ES, NO, OR UNKNOW	WN) (IF YES, GIVE	WAR OR DATES)	213-26			i. C			11	1101
A SHEET A				1	e for (p), (b), and (c)	-0361	Mrs. L		occo, 8	121 Va		
NE NE SELECTION		PARTIDE	ATH WAS CAUSED	D BY:	tor(a), (b), and (c).)	1.11	Jolac		Dela	elion	ETWEEN	XIMATE INTERVAL
TON MICHE CARE DVA		4.12	DO IMMEDIAT	DUE TO, OR	AS A CONSEQUENCE	E OF	7	7	y	0000	1	1 Clarence
PRES PRES PRES PRES PRES PRES PRES PRES	13		s, if any, which	4.5	NS	cott	()	-	7/		X+	4_
W. W		cause (a)	stating the under-	DUE TO, OR	AS A CONSEQUENC	E OF		THE			1	1
D EXAL	1	lying cous	e lost.	(c)								
DIVISION OF VITAL RECORDS CERTIFICATE SHOULD BE EXECUTED THE WORD "PENDING" REDE TO THE CHIEF WEDICAL E 3 SHOULD BE USED AS A BUIL E DEPARTMENT OF HEALTH AND OI PRIOR TO BUSHAL, CREMATH	-	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN I	PART 1 (a),				
AAS AS	ION											
A THE DOOR	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OF	PERATION W	/AS PERFORMED?				20 AUTO	OPSY?
- 20 A A A A A A A A A A A A A A A A A A	E	21g. EXTERNAL	CALISEWAS	21b. TIME O	E IN ILIDY	121- 4	OW INJURY OCCU	DDED ALVES			YES	ONO Z
ON OF THE VIEW OF		UNDERLYING	OR	HOUR A.M	A. MONTH DAY YE	AR ZIG	OW INJURY OCCU	KKED (ENIEK	ATURE OF INJURY IN I	TEM 18 PART I OR I	?ART 2}	
SHOW SHOW	MEDICAL	21d. INJURY O	IG CAUSE OF C	21e PLACE	OF INJURY (AT HOME.	211 LO	CATION					
DIV RETTER DIV	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN	C	OUNTY	STATE
RWY RWY STA STA				6.0								
A S S S S S S S S S S S S S S S S S S S		death resulte		al causes	Accident .	Suicide Suicide	, Inspe	1	Inquiry L,	ond in my i	apinion	
SERVICE SERVIC		ded in resome	10111	di causes	Accident,	Suicide L_	TITLE (SPECIFY		rminea manner	<u> </u>		
MEDICAL EXA CUTE THE CER SE 4 SHOULD FR DEATH WITH FINORE, MAR		ACTUAL SIGNATURE	Charle	670	ornel	aug	6 Hedu	Fred.	CALEXAMINER	DAT	E 4/2	7/83
MEDICAL CCUTE THE CCUTE THE FUNERAL HIMMORE, N	L	EVALUEDIC N					//	/		3101	1077	
#3524 #3584		EXAMINER'S N (TYPE OR PRIN	Thame Cha	rles F. (	D'Donnell,	M. D	ADDRESS 75	01 Yo	k Rd.,	21204		
52 PAG 54 A	23a.B	PECIFY)	ION, REMOVAL 2		23c. NAME OF			CITY	CATION PRIOWN	со	PUNTY	STATE
BP	77.5	Buria		5/2/83	Dulane	ey Va	lley Cem	e. T	imoniur		lto.	Md.
DHMH - 17	14	20	THEN	owell					REGISTRAR 25b	GISTRAR'S	SIGNATURE	
(VR A15 ME (5) )		16/12	W/ Bm	10 W	. Padonia	Rd.	21098 A	R29	1903	oung	* 4h	ell.

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or Item

IMPORTANT

CERTIFICATION

MEDICAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MARY COFFIN 1983 7:40 A L. April 2, 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS FEMALE WHITE FEB. 27. 1904 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED COUNTRY) Baltimore County NEW YORK USA WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Greater Baltimore Medical Center INDUSTRY HOUSEWIFE Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13t. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD. BALTIMORE BALTIMORE 734 OVERBROOK RD. 21212 NOX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EDWARD TEN EYCK LANSING YATES MAGOUN MARIANNE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT NO 216-46-4920 H. NELSON COFFIN 734 OVERBROOK RD. 2121 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER

NOT WHILE

saw the deceased alive an

21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

10 83

P.M 19 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

4/02

10 83 and that in (my) (aur) apinian death occurred an the date and hour and from the couses stated

211 LOCATION

22e. ADDRESS

ATTENDING MEDICAL PHYSICIAN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

4/02

YES X

DIRECTOR PHYSICIAN T

21204

22c. DATE SIGNED

4/02/83

20b. IF YES, WERE FINDINGS LISED

COUNTY

19.83

STATE

STATE

YES X

IN CERTIFYING CAUSES OF DEATH?

John E. Adams, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

22d PHYSICIAN'S NAME TTYPE OF PRINTS

23¢ NAME OF CEMETERY OR CREMATORY MORELAND MEM.

3/27

DEGREE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

6701 N. Charles St. 23d. LOCATION

PARK

Towson, MD

COUNTY

BURIAL 24 FUNERAL DIRECTOR

226 SIGNATURE

TOWSON BALTIMORE 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

BP

220.1 certify that (1) (this hospital) attended the deceased from\_

abave, (1) (we) (did) (did nat) view the bady after death

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

CITY OR TOWN

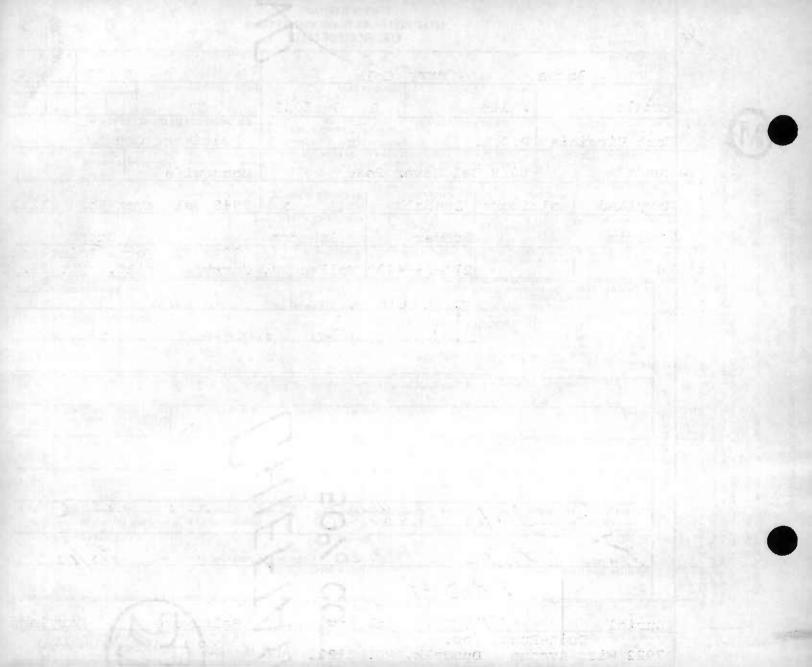
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72.-4--4sc THE RELEASE OF THE PARTY OF THE with the second of the second

3331 Brehms Lane, Balto, Md.

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X Eu a Project So			

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X	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND		0	EG. NO.	0 9	) 8 8
		CEASED NAME FIRST OR PRINT)		WIDDLE		AST		20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
noy be poge 3	1	Anth	a	Cur	ry Col	e			4	5 83	M
moy er d	3. SE	(	4. RACE		5. DATE C	F BIRTH		6. AGE IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
off	Fe	male	White		6 MONTH	7	1905	7	7 YRS		HOURS MIN.
# 50/h	7a. BI	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	- C NEVED		9. BALTIMORE	ITY OR COUN	TY OF DEATH	
八章 到5	L -	st Virginia	U.S.A		WIDOWE		MARRIED	Balt	imore	County	MD.
8 /		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL N	URSING HOME C	R OTHER INS	MOITUTITE	120. USUAL OCC	UPATION	126. KIND	OF BUSINESS OR
The state of the s	Du	ndalk	8048	Del Ha	aven Ro	ad		House	MOST OF WORKING	THE INDUSTRI	7177
be be the	USU	AL RESIDENCE HE NURSING HOME TATE 136. CC	OR OTHER INSTITUTION			1114 INICIDE	CITY LIMITS?	13e STREET ADD	DECC		
filled in ould be must be			ltimore	Dung	lalk	YES T	NO TX			ven Roa	ad 21222
2 sh		THER'S NAME				15. MOTHER	'S MAIDEN NAM	ME			
and was	C	alvin	WIDDLE	Brewe		Re	becca	M	IDDLE	Ster	AST OD
S - S -	16a V	VAS DECEASED EVER IN U.S.			SECURITY NO.	17. INFORM		3239	APPLES NO		oint Road
Pages medico	NO	(IF YES,	GIVE WAR OR DATES)	214-	38-4398	Wall	ace J.	Curry		lto., N	
0 %		18. CAUSE OF DEATH (Enter	anly are cause ne					00-27			XIMATE INTERVAL
physici npaper maval.		PART I. DEATH WAS CAU	JSED BY:	- 1	able	MALLOT	endial	in Co.	chia		
rban r ren ric ev		4100 IMMED	IATE CAUSE (o)			Mayes	CHILIAN	In the	101700		
tend on, o		Conditions, if ony, which	DUE TO, C	OR AS A CON	SEQUENCE OF	hear	+ 1	isease	,	- <	,,,,,,
matic r trau		gove rise to immediate	) (b)_	13(1)		111-12-1	<u> </u>	100			7
d by the lease rei iol, crem ar ather		couse (0), stating the underlying couse last.	DUE TO, C	OR AS A CONS	SEOUENCE OF						
plea priot,		PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING	S TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	R CONDITION (	SIVEN IN PART 1	(0
to be	Z	TAKI I. OTTEK SIONA ICA.		Orthodal	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	0 10 1112 121111				
prior	¥	19a DATE OF OPERATION	196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPS		YES, WERE FIND	
S e e e	Ē							YES TO N		TIFYING CAUSE	S OF DEATH?
burial-transit pe Mental Hygiene or Item 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW I	NJURY OCCURE	RED (ENTER NATURE		8 PART   OR PART 2)	
rial-tronsit entol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF	DEATH	i.m. month p.m.	H DAY YEAR						
Mento or Hem	MEDICAL	LIFEITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCAT				p manager	
se os the bu	¥	WHILE NOT WHILE THE AT WORK	(AT HOME ST	TREET, FACTORY, C	FFICE, FARM, ETC.)	STREI	ET	C	TY OR TOWN	COUNTY	STATE
alth		22a.l certify that (I) (this ha	spital) attended t	he decensed i	in du	elset	10 82	to A	aril	10 83	., that (1) (we) lost
for us of He 21 is		saw the deceased alive	000	13	7 "		(our) opinion	death accurred o	the date and h	nour and from th	
1 - E		obove (I) (we) (did) (did	natiview the bod	y ofter death.		DEGREE	1000	1		22c. DAT	E SIGNED
AL DIRI detache ate Dep IT: If Ite		7	4 1	2	M	1	ATTENDING	MEDICAL	STAFF	911-	1.
Stort	-	22d PHYSICIAN'S NAME (ITY	DE OR PRINTI	Ciry	//	22e. ADDRE	PHYSICIAN	DIRECTOR	PHYSICIAN [	12/	17.3
the the		THE THIS CLAIM STANKE (IT		2,2	10	THE ADDRE					
should be detained with the State Dimportant: If			1-1	1101	1	1		Toni (			
		BURIAL, CREMATION, REMOV			23c. NAME OF C			23d. LOCATIC CITY OR T	OWN	COUNTY	STATE
	LB	urial	4/8/			Lawn			imore		Maryland
16 50M 4/82		UNERAL DIRECTOR Duda		Inc.	DRESS		250 DAT	8 1983		ISTRAR'S SIONA	JURE LA
(VRA 15, 4)	7	922 Wise Av	enue	Dunda:	lk, MD.	2122	22 APR	0 130	8000	0	- 11



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_	-	7	-	

within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attendishould be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumati TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attend

	1		FOR STATE REGISTRA
1	D	FC	FASED NA

## STATE OF MARYLAND

JIAIL OF MARILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

8	3	0	9	Ú	8	
	REG. NO.					

	1-	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG. NO	o.	,		
		CEASED NAME	FIRST	/	MIDDLE	ì	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
	{ TYPE	OR PRINT)	CHAR	LES	Α.	CO	LE		4 14	'83	9:45	5A M
9	3. SE)	(		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER :	24 HRS
Н		Male		Whit	te		c. 10, 1896	86	YRS.	VATS	HOURS	MIN.
1	70 Bil	RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9. BALTIMORE CITY O		FDEATH		
2		aryland		U.S.	Α.	WIDOWE		BALTIMORE	COUNT	V		MD.
		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b. KIND (	OF BUSINE	
1	100	TOWSON			ER BALTO		CENTER	Auto Busi		Auto		
3	13a. S	AL RESIDENCE (IF NUR. TATE Maryland	13b. COUN	imore	13t. CITY OR TOW  Towson	'N	134. INSIDE CITY LIMITS?	302 E Jop	pa Rd.	21204		
2/	14. FA	THER'S NAME		0 00000			15. MOTHER'S MAIDEN NAM					
U	Cl	narles	M.	AIDDLE	Cole		Emma	WIDDLE		Weir	rich	
-	16a. V	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
	8	(ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-10-4	889	Stanley J. Co	ole 1507 Je	ffers R	d. 21	204	
							Journey of or	310 230, 00.	LICIO I		MATE INTER	VAL
		18 CAUSE OF DEAT PART I. DEATH V	/AS CAUSED	y one couse per BY:			DAMODY ADDREM			BETWEEN	ONSET AND	DEATH
2		11	IMMEDIATI	E CAUSE (o)	CARDIO-	KESPI	RATORY ARREST					_
		429	2	DUE TO, O	R AS A CONSEQUI	ENCE OF						
		Canditians, if any gave rise to im		(b)								
		cause (a), statu	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF				- 1		
				(c)								
	7	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 1	0	
	CERTIFICATION	SEVERE	MALNU	TRITION		TAL S'						
2	CAI	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDI	NGS USED	H?
7	TIF							YES NO	YES		NO [	
	CER	21a. ACCIDENT WAS UN		216. TIME O		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)		
1	AL	OR CONTRIBUTING		P.		19						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	M/h1	COUNTY		TATE
	¥	WHILE NOT WE	HILE	(AT HOME, STE	REET, FACTORY, OFFICE, P	ARM, ETC )	STREET	CITYONIO	WIN	(00.411	3	1016
		22a.1 certify that (I)		al) attended th	e deceased from	4/10	10 83	4/14	10	83	that (1) (v	ve) last
		saw the deceas above, (I) (we) (	ed olive on.	4/14	19_	83,0	nd that in (my) (aur) opinion o	death occurred on the do	ate and hour a			.,
		22b. SIGNATURE	010110101	/ Well the body	differ dediti.		DEGREE			22t. DATI	SIGNED	
		Howas	1 14	watn	-		ATTENDING PHYSICIAN	MEDICAL STAF		4/19	1/43	
B		226 PHYSICIAN'S N	AME (TYPE OF	R PJUVN			22e ADDRESS	J Divector - timese		* 1-1-1	102	
		HOWARD	HAUPT	MAN, M.	D.		GBMC - 6701	N. CHARLES	STREET	2120	4	
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	- (	Burial		4-16-	-83 Du	lanev	Valley MemGan	COOKONON		1to	Md	TATE

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Rd 21212

Balto Md

FOR

:	ST	ATE	OF	MAI	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1'	REGISTRAR				CERTIF	ICATE OF DEATH	1	REC	5. NO.			
	CEASED NAME	FIRST		WIDDLE	L.	AST	2	DATE OF DEAT	Н монтн	DAY YE	AR 2b H	OUR
314		BABY		BOY	COLE	MAN		4	24	1983	3 2	PM
3. SEX	(	4	. RACE		5. DATE O			AGE (IN YEARS LA	T BIRTHDAY)	MONTHS I		DER 24 H
1	M		В		4	24 1 1 S	83	3	YR		DAYS HOU	48
	RTHPLACE (STATE	OR FOREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	□ NEVER MARRIE	D 13	BALTIMORE CIT	Y OR COUN	NTY OF DEAT	н	
	MD		US		WIDOWE		_	BALTIM	ORE CO	YTNUC		530
10 CI	TY OR TOWN OF	DEATH 1	1. NAME OF I	HOSPITAL, NURSIN	G HOME O	ROTHER INSTITUTIO		USUAL OCCU			ND OF BUS	INESS
1	MD	1	GREATE	R BALTIMO	RE ME	DICAL CENT		THE OF WORK FOR IN		0 ( )	,,,,,	
130. S	AL RESIDENCE (IF N TATE MD	URSIN HELLORO	YT	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  ABERDEE	N	13d. INSIDE CITY LIM	ITS? 13	e. STREET ADDRE	ss RYWOOI	D DR	2100	ı
14. FA	THER'S NAME	- 1	-			15. MOTHER'S MAID						
	Henry	MI	DDLE	Fling		FIRST		MIDD		Co	LAST	
léa W	AS DECEASED EV	ER IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	Frances 17 INFORMANT	<u> </u>	Jeanet	DRESS	CO.	Leman	
(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)									
CERTIFICATION	PART 2 OTHER S					NOT RELATED TO THI	E TERMIN	AL DISEASE OR C	20b. 1F	YES, WERE F	INDINGS U	
I F							70	YES NO[		RTIFYING CAI	NC	
	21g. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY A	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY C	CCURRED	(ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PAR	₹Т 2)	
MEDICAL	21d. INJURY OCC		21e. PLACE			211. LOCATION STREET		CITY	DR TOWN	COUNT	ſΥ	\$TA
	270. I certify that		4/24/			d that in (my) (our) o		, , , ,	1241 e date and	_, 19 <u>83</u> hour and from	, that (	
	226 SHINATURE	m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DEGREE		Liberal S	5	22ε. [	ATE SIGN	ED
	150	10)				ATTEND PHYSIC	ING	MEDICAL PHECTOR PH	STAFF YSICIAN X	4,	/25/8:	3
	226. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e. ADDRESS						
	Ronald 1	L. Sirot	a, M.D			6701 N. (	Charl	es St, T	owson	, Md . 2:	1204	
	URIAL, CREMATIC		23b. DATE		AME OF C	METERY OR CREMA		23d. LOCATION				
(5	Cremat:	ion	4/2	5/83	GBMC			Balto		lto COUNTY	Md	STA

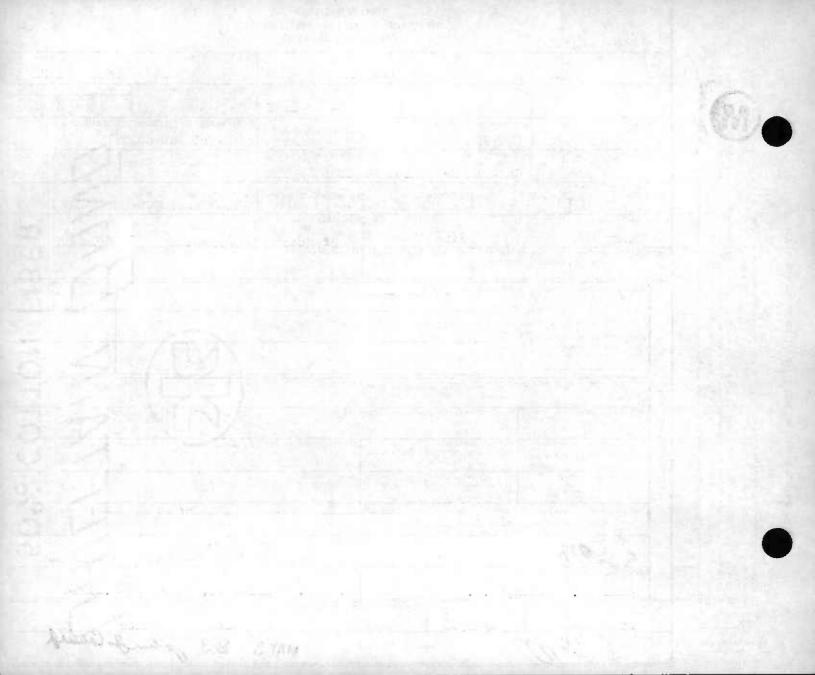
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DI

ADDRESS

Balto



Dundalk, MD. 21222

7922 Wise Avenue

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) DOROTHY **JEAN** COLLINS 83 4:30 13 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White Oct. 1927 55 BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan USA Baltimore County WIDOWED DIVORCED [] D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greater Baltimore Medical Center Meat Wrapper Supermarket Towson USUAL RESIDENCE (IF NURSING HO ME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION pool p 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS New Jersey Jersey City 90 Lake St. 07306 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Collins Thomas Earl Mabel Weatherby 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. ADDRESS 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 384 20 5860 Mr. Richard E. Collins. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I, DEATH WAS CAUSED BY Cerebral astrocytoma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION pny 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20% IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🔯 NOF YES X NO F Hygir 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 0 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE November 22 10 82 April 13 220.1 certify that (1) (this haspitat) attended the deceased fram. saw the deceased alive an\_April 13 9\_83 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 4/13/83 PHYSICIAN DIRECTOR PHYSICIAN & 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by with the 6701 N. Charles St. Towson, MD 21204 Charles C. Brown, M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) Cremation Balto. STATE 4/14/83 Green Mount MD 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR DHMH-16 30M 2/80 (VRA 15, 4) 4905 York Road Balto. MD 21212

'hits 65. 1, 1997 (1, 158) Vicinitiv design manager all descount for delivery and a supplied by the second of New Jandy Janey City of Schools St. 1750-SEL SC EBEC Mr. Fichard E. Colling, N.J. Oregantion 14/85 Engan Your's Buto., Henry M. Jenkins & on Co. ECS Your Form Elto, ME State

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.	, ,	U	, ,
	I. DECEASED NAME	FIRST	٨	AIDDLE	L	AST	20. DATE OF DEATH	HINOM	DAY Y	EAR	26 HOUR
	( c on randy	Cathe	erine	C. C	olvin			4	9	83	11:00A M
	3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
	Female		White	2	Apri	1 5, 1912 YEAR	71	YRS.	MONTHS	DAYS	HOURS MIN.
5	To. BIRTHPLACE (STATE OF COUNTRY)  Saryland	R FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CIT	TT		TH	MD
(80	Towson	ATH	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Home Mal	ATION OST OF WORKING LI	12b K INDU	STRY	F BUSINESS OR
5	USUAL RESIDENCE (IF NUI 130. STATE Maryland	13b COU	ROTHER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS?	136. STREET ADDRE		oad	21	234
C	14 FATHER'S NAME FIRST George		MIDDLE	Bradley		15. MOTHER'S MAIDEN NA FIRST Mary		E	ertn	LAS	
_	160 WAS DECEASED EVE			16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	AD	DRESS			
	NO (YES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	217-54-9	698	Mrs. Marie C	. Thomas	Same	as #	13.	
	18 CAUSE OF DEA PART I. DEATH V	WAS CAUSI	TE CAUSE (D) M	assive he	morrh	age into the t of bleeding	Gastro-Ing of Esopha Varice	testina ageal es.		APPROXI	MÅTE INTERVAL ONSET AND DE ATH
	gove rise to in couse (o), statunderlying couse PART 2 OTHER SIG	ing the se lost.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GI	VEN IN PA	ART 100	

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES F

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

DAY YEAR

83

19

21f. LOCATION

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NO F

22a.1 certify that (Mthis hospital) attended the deceased from sow the deceased olive on April 9 obove, (New Yord) (did not) view the body ofter death. 22b. SIGNATURE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

23d. LOCATION

to April 9

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 4/9/83

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

CERTIFICATIO

MEDICAL

MPORTANT: If Item 21 is marked or Item

C.H. O'Mansky, M.D.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

226 ADDRESS 7620 York Road, Towson, Md 21204

Burial April 12,1983 24. FUNERAL DIRECTOR

Baltimore, New Cathedral Cem. 1050 York Road

10 83

Maryland

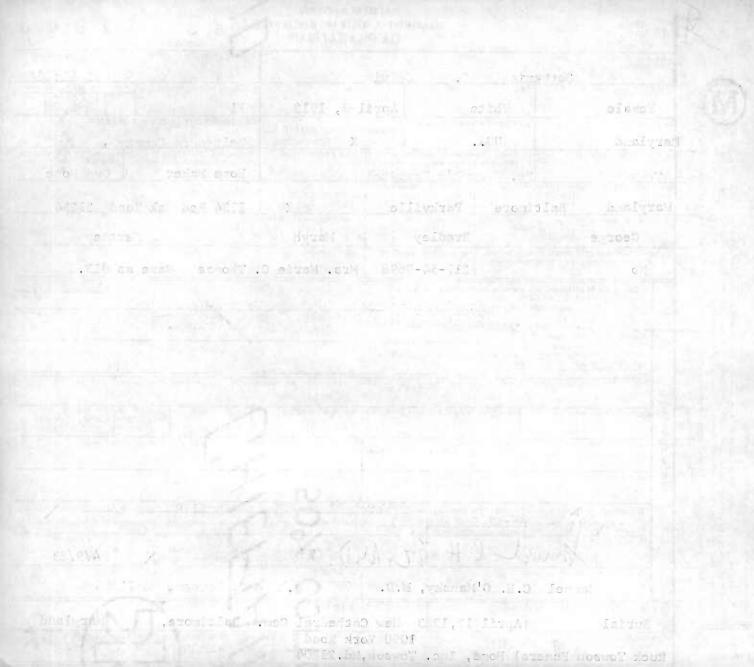
DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23b. DATE



1						MARYLA						
1-	FOR STATE				ENT OF HEAD			2015	3	0 9	0 9	4
I. Di	REGISTRAR ECEASED NAME	FIRST	MEI	MIDDLE	AMINEK :	LAST	CATEO		REG. N	O. MONTH D	AY YEAR	
	PE OR PRINT)	1		0		0 11			TE KNOWN F ESTI-			2b. HOUI
3 SE	X [4. R/	Judith	5. DATE OF BIRTH	U. 16	AGE (IN YEARS IF	CONNOLL UNDER 1 YR.	IF UNDER		ATE	4-20	19 83 AY YEAR	2d. HOU
Fe	emale Wh	nite	MONTH DAY	YEAR	LAST BIRTHDAY) M	ONTHS DAYS	HOURS	MIN. PRON	OUNCED			7:0
70.	BIRTHPLACE (STATE C	OR .	7b. CITIZEN OF WI		272 8			1 BAI		OR COUNTY O		l a ^
1	reign country)		USA		WID	RRIED   NE	DIVORCE	ED [		County		M
0.0	ITY OR TOWN OF D		11. NAME OF HOS (IF NOT IN SUCH FAI	CILITY, GIVE STRE	ET ADDRESS)		21093	12a. USUAL OC FOR MOST OF Realat	CUPATION (T	YPE OF WORK 128.	OR INDUST	JSINESS RY
SÜ	AL RESIDENCE (IF IN	NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BE	ys Chape	L Rds.	210/)	Heara	701			
_	lary land	Balt:	imore	13c. CITY O	OR TOWN	13d. INSIDE (	CITY LIMITS?	13e STREET AD	Bemi	nary Ave	. 210	93
14. F	ATHER'S NAME		MIDDLE	LA	ST	15. MOTH	ER'S MAIDE	NAME	WIDDLE		LAST	
	harles			Cep	p	Ann			E.	Buff:	Lngton	
160.	WAS DECEASED EVI	ER IN U.S. ARM	VAR OR DATES)		L SECURITY NO.	17. INFOR/			ADDRES	511412 1	lays	
	No			213~	34-1542	Will:	iam E.	Cennel	ly, Jr.	Chapel	Rd.2	1093
>	18 CAUSE OF DE	ATH (Enter anly	ane cause per line	far (a), (b), c	and (c).)						APPROXIMAT	EINTERVAL
	Q167	WAS CAUSED	E CAUSE (a) Me	chani	cal comp	ression	of c	hest				
	0/20		DUE TO, OR	AS A CONSI	EQUENCE OF							
	Canditians, if	a immediate	(b)									
	cause (a) stati		DUE TO, OR	AS A CONSE	EQUENCE OF							
			(c)									
z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO OFATH I	BUT NOT RELATED	O TO THE TERMINAL OIS	EASE OR CONDITIO	IN GIVEN IN PAR	RT 1 (a).			MIX	CHI
MEDICAL CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR WI	HICH OPERATION	WAS PERFOR	RMED?			2	0 AUTOPSY	?
IFIC	Him to the									3	YES 🖈	NO []
CERT	210 EXTERNAL CA		21b. TIME OF		216	HOW INJURY	OCCURRE	D (ENTER NATURE C	OF INJURY IN ITEM II	8 PART 1 OR PART 2)	150	
AL	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH D	0 0 0 0	deivor	oute/	fiund -	hiant -	allia!-		
EDIC	214 INTILIPY OCCI	IDDED	21e PLACE C	- des	(AT HOME. 21f.	LOCATION	au 10/	fixed o				-
*	WHILE AT WORK AT	WORK W					. 0 11-		RTOWN	COUNTY		STATE
М			roa	-				ys Chap		,Luther	00	Md.
	death resulted to	1	af the remains desc	Accident		-	Inspection			ind in my apinio	n 00.	, 1100
19	death resulted to	Noturo	causes 1.	Accident	Suicide (	, Homic		Undetermined	manner			
	ACTUAL SIGNATURE	leer!	& FTM	rest	Men		SPECIFY)	4		DATE	00 0	7
	SIGNATURE	00000		1		M.D. ASS	istan	#_MEDICALE	(AMINER	SIGNED 4	-20-8	5
	EXAMINER'S NAM	Den	nis F. Sn	nyth. I	M.D.	ADDRESS _	III P	enn Str	eet. Ba	Itimore	. Md.	
23a. E	SURIAL CREMATION				ME OF CEMETER			23d. LOCATIO				
	Burial		4/22/83	Woo	dlawn Ce			Balti	more	COUNTY	Marvl:	and
	UNERAL DIRECTOR		ADDRESS				250. DATE R	R 2 2 19	TRAR 25b. REG	ISTRAR'S SIGN	ATURE	
A	· Alan Se	itz, Jr	. 3818 Re	pland .	Avenue 2	1211	Ar	11448	83 %	ung.	Carre	LA

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rounism £013 malnuor

Maryland Baltimore x 1000 W. Seminary Ave. 21093

Therles Copp nn suffiction ton llul2 ays llul2 ays concelly, Jr. hapel c.21033

Eurial 1/22/43 Noodlawn Cemetry Saltimore .aryland

A. airn Seitz, Jr. 301d Roland Avence 21211

FOR

- STATE

BP

(VRA 15, 4)

REGISTRAR

FIRST

DECEASED NAME

Loweru 17. INFORMANT Catonsvilla Ma. 21228. Donald P. Corbitt-11 N. Beechwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ave. 2 MIG PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE my) (our) apinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236. DATE Apr. 18, 1983-New Cathedral Cem. Baltimore, Maryland Burial 736 Edmondson Ave. -Catonsville, Na. 21228. DHMH - 16 50M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

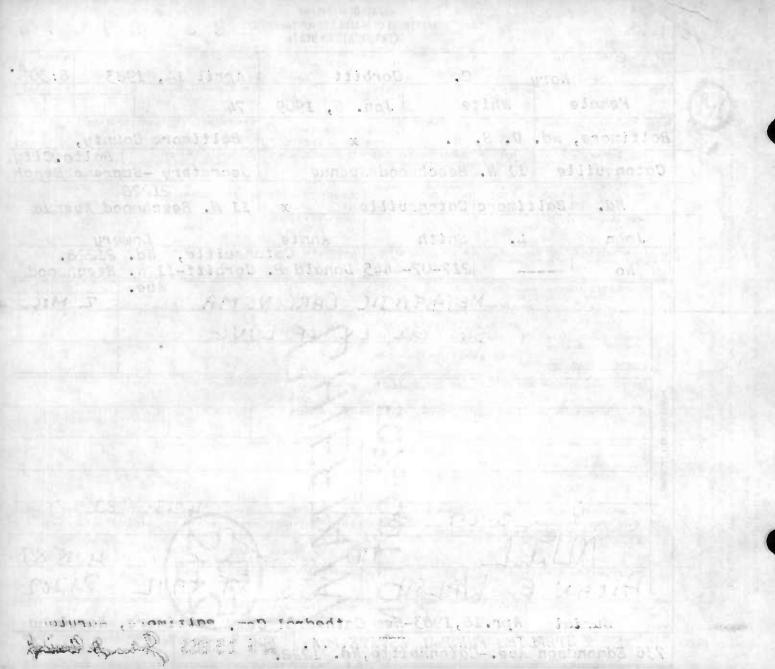
REG. NO

26. HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

2n. DATE OF DEATH



FOR

- STATE

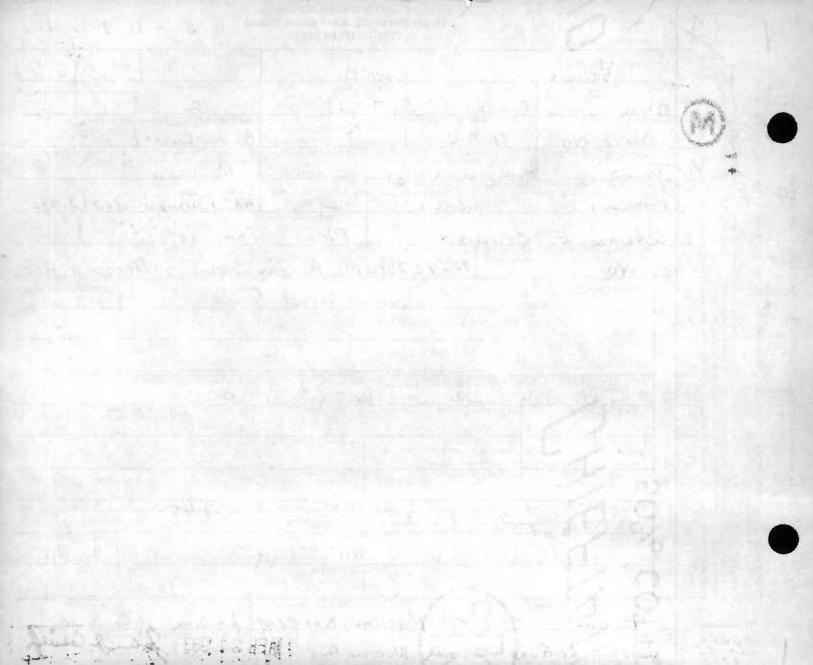
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		ob. Ross, also main	additioners)
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ASSESSMENT OF THE STATE OF THE	d'atabou .JE	Mar. No.	
		V 1988	

	1			STATE OF MARYLAND		
7	L	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0909.
		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		Vernois		Cornish		4 15 83 6 A
437	J. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HR
	m	Pale	Black	7 23 09	72	YRS
PAR )		PTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1	2	BAKTO MO	4. S. A	WIDOWED DNORCED	Betto. Co	ounty
201	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	126. USUAL OCCUPATI	
20		ousson /	multi-madical No	ig & Convalercent Cent	+ RETIR	20
Coll.	130.	AL RESIDENCE (IF NURS IN THE STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	
(EV)	n	PARYLMUD	BALTO.	YES NO	537 KADI	VOR AVE ZIZIZ
201	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
1810	4	DIGLIAM E.	CARUISIT	MARY	FOMONOS	
edico 2		WAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	RITY NO. 17. INFORMANT	ADDRE	
T medico		IVO	702 12	2980 Mes Hunan	& CURNISH	537 RADNUR AL
or remo		428 OMMEDIA		NCE OF	raille	
otion, or troumotic		Canditians, if any, which	(b)			
E -		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
or oth			( (c)			
injury.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
9 27	ATIO	190 DATE OF OPERATION	106 CONDITION FORWHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ws o	FFC				YES NO	IN CERTIFYING CAUSES OF DEATH?
lygie	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP		
hem 18 sh		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
2 5	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION		_
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TO	WN COUNTY STATE
morked			tal) attended the degleased fram_	JAN 151 19 8	3 to 19 Da	19_83_, that (1)(we)
of He 21 is			Dview the bady after death.	, and that in (my) (aur) apinion	death occurred on the de	ate and haur and fram the causes stated
ept.		226. SIGNATURE	poview therbody differ death.	DEGREE	4 33 311 7	226. DATE SIGNED
\$ <u>F</u>	1.3	Jun 0	D 1420	ATTENDING PHYSICIAN	MEDICAL STAI	FIAND ADOLDS
S VA	1	224. PHYSICIAN'S NAME (TYPE C	PR PRINT)	22e. ADDRESS	7	
with the State						
3 3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
		BURLAL	4-19-82 N	ARYLANDA NAT CEN	A LAURML	P. C. C. Ma
A 4/B2	24 F	UNERAL DIRECTOR		250. DA	IE REC'D. BY REGISTRAIN	254 EDISTRAP'S SINNAPRE
W 4/B2	1	LINAME L. P.	ADDRESS	Aluman Aus Is A	LK 7 1 1202	James come



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be killed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

6	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 3	0 9 0 9 8
		CEASED NAME AUGUS TO	US A.	COVINGTON, Jr.	20. DATE OF DEATH MONT	
6	3. SE	MALE	W hite	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER Z4 HRS. MONTHS DATS HOURS MIN. YRS.
核	E	TRIHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
ると		TOWS ON	GBMC-6701 GIVENEET	NG HOME OR OTHER INSTITUTION ACCHAIN REET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  None	IXING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
and set be	13a. M	STATE 13b. COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW CIMORE TOWSON	VN 134. INSIDE CITY LIMITS?	1000 E. Jop	2 12 04 pa Road Apt. 610
To exp	1	Augustus WAS DECEASED EVER IN U.S. AR	A. Covingto	on, Sr. Emma	M. ADDRESS	Ahrens
e medico	{	No		2780 Cl Mrs. Dorot		me as #13.
c event, the		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE 14449 IMMEDIA	nly ane cause per line for (a), (b), and ED BY:  TE CAUSE (a)	CRESPIRATORY AF	RREST	APPROXIMATE INTERVAL BEDWEEN ONSET AND DEATH
traumati		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS SEP SEP	SNCE OF		4 DAYS
or other		cause (a), stating the underlying cause last.	(6)	ľΆኒ <sup>©</sup> THROMBOEMBO I		4 DAYS
injury.	NOI			DEATH BUT NOT RELATED TO THE TERM		
Luo swa	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO}  \text{}
marked or Item 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	ATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma		saw the deceased alive or	ital) attended the deceased from 19	4/22 , 19 83 83 , and that in (my) (aur) apinian	, to4/30 death accurred an the date or	, 19 83 , that (1) (we) last and haur and from the couses stated
LT. If Hen		22b. SIGNATURE	Disser		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/30/83
MPORTANT: If them 21 is		DR. JONATH	AN DISSIN, M.		HARLES ST(	GBMC
_	В	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	May 3,1983 Gr	NAME OF CEMETERY OR CREMATORY Ceen Mount Cemetery		COUNTY STATE Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

etained by the hospital or attending physicion.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1983

		June			
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and their serol	1,000 8. 0	New York	00.00	2.0 11.	Last year
9-24-3	- 14	3 (1)	. The , call the	. A n	1.2 2 1. 114
Aime as 413.	xoll .v	2001.521	An DETI-SOHEE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 main afterined by the hospital or attending physician.

6	1	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 3	09100
	I. DE	ECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
( Action	(117	GEOR	GIA BELL	CRO	MER	April 24. 1	983 6:30Am
( FORM )	3 SE	EX	4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	Jun		88 y	MONTHS DAYS HOURS MIN.
100 /JX	7e B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		_	BALTIMORE CITY OR COU	
11/0	1	North Carolin	a U.S.A.	WIDOWE	D NEVER MARRIED	Baltimore	County MD.
17/67		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
\$ 36 JE	C	atonsville	Forest Haven	ADDRESS)	sing Home	Housewife	Own Home
2 / L							TOWITOILLE
105	-		other institution, give residence before the control of the contro	ille	YES 🔼 NO 🗌		Avenue 21228
and the state of t	1	ATHER'S NAME FIRST	Sheets		15. MOTHER'S MAIDEN NAM FIRST	WIDDLE	Barker
87/1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16h SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	#13
n and Pager the		No Nor	1922 111	2274	Mrs. Mary S	Seicke (daug	hter) Same as
sicia Prs. Par.		T	nly one cause per line for (o), (b), an	id (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy pap emo		PART I. DEATH WAS CAUSE	FD RV	DICE			ACUTE
ding bon or r		4375 IMMEDIA				. 0 . 0	.11
ttenc ion, tra		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	lin	in Enga	halaseth	- 1 month
mov mov mat		gove rise to immediate	(6)		- BOT		CA
by the relation of or o		underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF			)
ned pleas urria jury		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERMIN	NAL DISEASE OR CONDITION	CIVEN IN PART 1/o
hen to b	Z	THE STORE SOME ICAN	CONDITIONS CONTRIBUTING TO	DEATH BOT	NOT RELATED TO THE TERMIN	INAL DISEASE OR CONDINON	ONLIN HAT ART 110
bee orior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED
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or a or a Lise a Heal			ital) ottended the deceased from_	4-	19 83	10 4-24	, 19, that (1) (we) lost
For Log		saw the deceased alive of above, (I) (we) (did) (bid no	ot) yiew the body after death.	25,01	nd that in (my) (our) opinion d	eath occurred on the date and	hour and from the couses stated
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ERAL EGETAC State C		Hau	0606500	130	PHYSICIAN D	MEDICAL STAFF	1 4-25-8)
d by		224 PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	0	11
ro FUNE		HARO	LD 13015	MD	7220 F	ARK Hey	ht 21208
should with	23a	BURIAL, CREMATION, REMOVAL	L 236. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH-16 25M (VRA 15, 4) 1/79	F	leming Funera	al Service- Be	nson	TAMES TO A STATE OF THE STATE O	2 1300	

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item 19b G579 5/5/83 dad

- STATE

REGISTRAR

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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							REG. NO	O		
	PECEASED NAME FIRST		MIDDLE		AST		2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L	Indon	-	- DAN	INE	~BER(	G-	April	24,1	783	5:40 M
3. 5	EX	4. RACE		5. DATE C		rEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	Whit	e	5	25	92	9	O YRS	UA73	MODES MIN.
Va.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARK	IED 🗆	9. BALTIMORE CITY O	R COUNTY OF		
L	RUSSIA	US	SA	WIDOWE	3737		Baltima	ore co	anti	MD.
To Co	TITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI		126. KIND C	F BUSINESS OR
-	andallstown	Balto	s. Co. Ge	nerc	al Hosp	tal	MERCHAN	T	RET	AIL
13a	UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		13c. CITY OR TOWN		13d. INSIDECITY L	MITS?	13e STREET ADDRESS	APT.	201	
N	ARYLAND BALT	0.	RANDALI				8507 GLEN	MICHAE	EL LA.	21133
M	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MA			-	IAS	*
	SAMUEL	1	DANNENBE	ERG	E	STHE	R	U	INKNOW	N
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUR		17 INFORMANT	N	MRS. EVAADGO			T. 201
L	NO		217-16-31	129A	8507 GLE	N MIC	CHAEL LA.	RANDAL	LSTOW	N, MD211
	18 CAUSE OF DEATH (Enter on	ly ane couse per	line to (a), (b), and	-	^ -	- /	2		APPROXI BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	Conges	line	- hard	K	ailur			
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	cause (0), stating the underlying cause last	DUE TO, OI	R AS A CONSEQUEN	ICE OF						
	PART 2. OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO DE	ATH RUT	NOT RELATED TO T	HE TERMI	NAI DISEASE OR CONI	DITION GIVEN	IN PART 10	
NO				001	NOT KEENIED TO	TIE TERMIN	THAT DISEASE ON COM	SITION GIVEN	IN PART TIC	
CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH C	PERATIO	N WAS PERFORME		200 AUTOPSY?	20b. IF YES, W		
TEK							YES T NOT	IN CERTIFYIN		OF DEATH?
CER	710. ACCIDENT WAS UNDERLYING				21c HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUS			
	OR CONTRIBUTING CAUSE OF DEA	11.1	M. MONTH DAY	YEAR						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE		19	211 LOCATION					
ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	PEET, FACTORY, OFFICE, FAR	RM, ETC )	STREET		CITY OR TO	WM	COUNTY	STATE
	27a I certify that (I) (this hospi	tal) attended th	e deceased from	AA	~ 1/ 1c	¥2	10 Amil	24 10	X2	that (I) (we) last
	sow the deceased live an	April	24, 10 4			opinion d	eath accurred on the do	te and hour on		
	obove, (I) (we (did)/ did no	t) view the bady	after death		DEGREE				22c. DATE	
	GRam Co	)	bereit		ATTEN	DING	MEDICAL STAF	F	11 2	W V ?
	27d PHYSICIAN'S NAME (TYPE O	R PRINT)		//	22e ADDRESS	ICIAN [	DIRECTOR PHYSIC	IAN	14	4-87
1	014		NOTABB	63		K	County	Can.	ч -	الم الم
-									1 7	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	1 23r N	AAAE OE C	EMETERY OR CREM	ATORY	23d. LOCATION			
1	(SPECIFY) BURIAL	APR.26			YOUNG ME		BALTIMOR	E NEA	RYLAN	ID STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

BY REGISTRAR 256.

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(VRA 15, 4)

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William E. Johnson8521 Loch Raven Blvd

STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND

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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND

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FOR

REGISTRAR

- STATE

IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4712 Sayer Avenue 21229 Brownell ADDRESS Box 535X Overhill RI Audrey Robinson Randallstown, Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED BP. 4/8/83 Woodlawn Woodlawn Cemetery M FUNERAL DIRECTOROTING Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR DHMH - 16 50M 1/81 (VRA 15, 4) 8728 Liberty Road Randallstown, MD. 21133

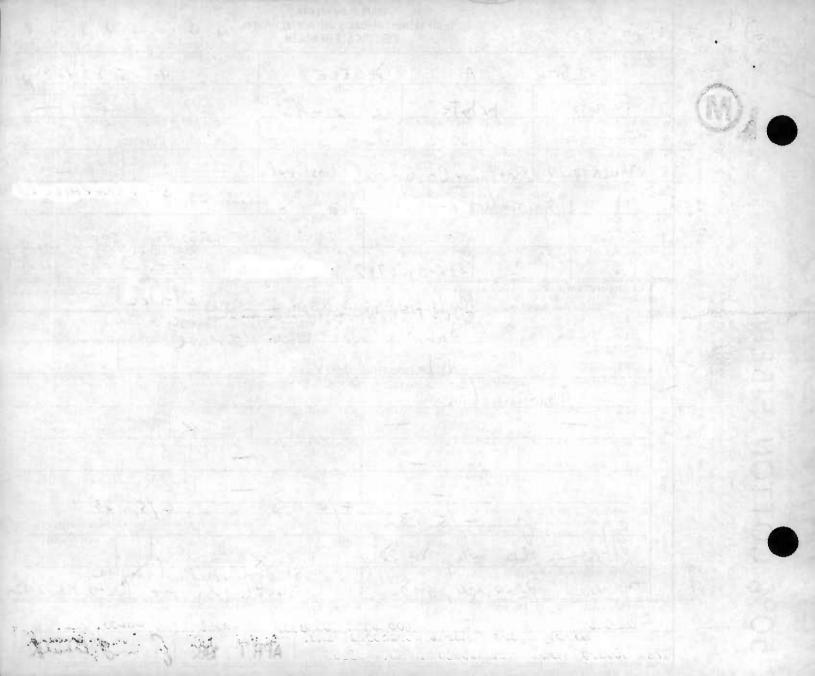
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR



John . Miller Inc-6415 Belair Rd. -21206

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

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126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

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STATE

IF UNDER 1 YEAR

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20. DATE OF DEATH

DHMH - 16 50M 4/82 (VRA 15. 4)

FOR

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FIRST

DECEASED NAME

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FOR

- STATE

100	REGISTRAR			REG. NO.	
	PECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DAY	Y YEAR 26. HOUR
	Gertr		DEVLIN	April 8, 1983	5:30 PM
3. S F		hite	5. DATE OF BIRTH  ONLY  ONLY		UNDER I YEAR IF UNDER 24 HRS
	BIRTHPLACE   STATE OR FOREIGN 76 COUNTRY) hila. Penna.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County o	
10.			NG HOME OR OTHER INSTITUTION ADDRESS) are Hospital	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  houswwife	126 KIND OF BUSINESS OR
13a	UAL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT Balti	Y 13r. CITY OR TOW	E ADMISSION) 13d. INSIDE CITY LIMITS? YES \( \text{YES} \( \text{NO} \)	5914 Eurith Ave	. 21206
9	FATHER'S NAME  FIRST  John  A   A	rancis Bar	15. MOTHER'S MAIDEN NA Prett Cfare	ME	onahue
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	1327 A D D A 7860	7943 William De	vlin 3031 Balde	r Ave.21234
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		cerebrovascular ac	cident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) TSChemic	ence of cerebrovascular d		
z			DEATH BUT NOT RELATED TO THE TERM		IN PART I I a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
77	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. PART	
MEDICAL	21d. INJURY OCCURRED  HILE NOT WHILE ALL WORK	210. PLACE OF INJURY  [ AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (*) (this hospito saw the deceosed alive on _ obove, (*) (we) (did) (did *)			3_, to April 8, 19 deoth occurred on the date and hour o	83_, that ( (we) last and from the couses stated
,	226. SIGNATURE	AN		MEDICAL STAFF DIRECTOR PHYSICIAN	4 8 33
	22d. PHYSICIAN'S NAME (TYPE OR F	W-WIN,	9000 Frankl	in Square Dr., 212	237
23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY ardens of Faith	23d LOCATION CITY OR TOWN Baltimore	COUNTY Mary land

7 400/185 Belain Rd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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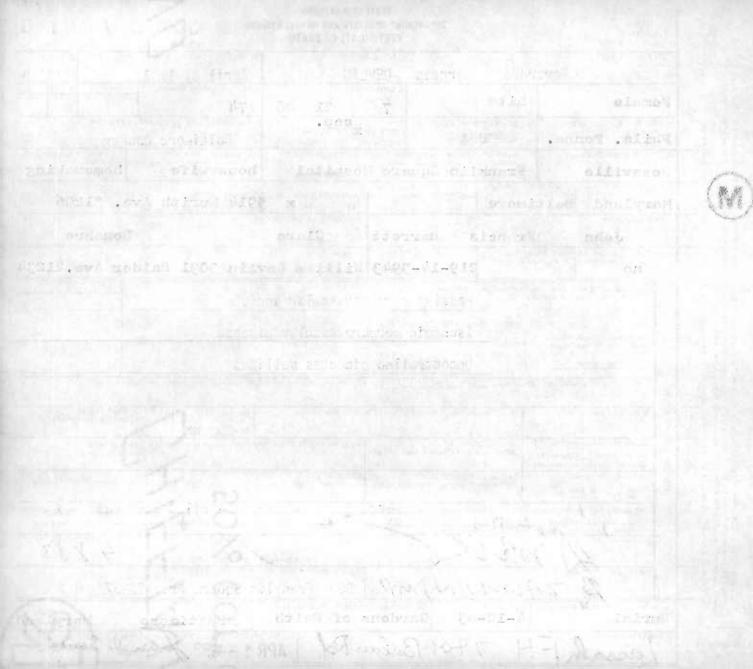
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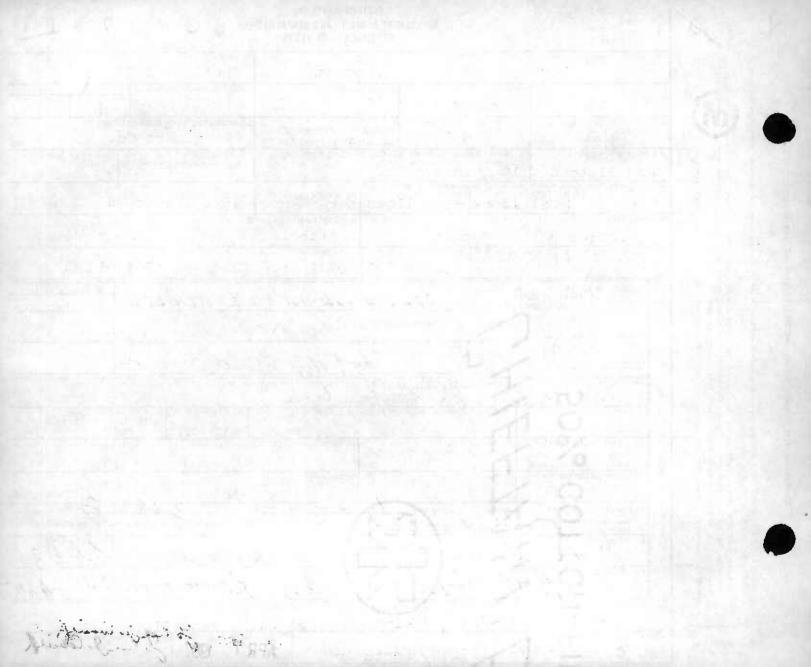
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DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

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1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		CEASED NAME OR PRINT)	fwst luth	Barth	Die	ast Cer	April	4, 1983	DAY YEAR	26. HOUR
	3. SE	X	4 RAC		5 DATE (	DAY YEAR	AGE (IN YEARS		MONTHS DAYS	
e M		IRTHPLACE (STATE OR FORE		IZEN OF WHAT CO	UNTRY? & MARRIE	9 24, 1921 □ NEVER MARRIED □	9 BALTIMORE	CITY OR COUN		
y the furnishment of the position of the furnishment of the furnishmen	10. C	ARYLACO	11. N	NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	DIVORCED DIVORCED DIR OTHER INSTITUTION	12e USUAL OC	CUPATION		OF BUSINESS C
t hours ofted in by the	USU 13a.		B COUNTY	INSTITUTION, GIVE RESIDEN		SPITAL 131. INSIDE CITY LIMITSZ	13. STREET ADI		1123	10. (g. +)
arthin 2 should 2 should		ARYLAGO THER'S NAME	BALTIC		KVILLE	YES NO W		TOVA C		ROAD
omple ond	14.	LOWARD WAS DECEASED EVER IN	MIDDLE R.	BA	ARTH ALSECURITY NO.	HELEN 17 INFORMANT	Ĩ	ADDRESS		Minco
rithicate be execu-	180 (	YES, NO OR UNKNOWN)	F YES, GIVE WAR O	R DATES)	6 1121	FAMILY	RECORD	)S		
requires that the death ce sen signed by the attending it. Then please remove corb for to burial, cremation, or r y injury, or other troumatic	TION	Sover	diote the lost.	/A =(	NO TO DEATH BUT	ASCV S NOT RELATED TO THE TER N (DCC)	- & Inc	outin	OF URI	ne/Fe
à é la o	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER		III. TIME OF INJURY	WHICH OPERATIO	N WASIPERFORMED		O L	TIFYING CAUSE	INGS USED IS OF DEATH?
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NDIN I or o Use os deolth	2	WHILE AT WORK AT WORK  22a 1 certify that (X	his hospital of	tended the deceosed	from June	24 19 82	to_Ap	cil 4	19.83	, that (I) (35) I
Al OFATTE y the hospito tal DIRECTO detached for ote Dept of UT: If them 21		sow the deceosed obove (I) (win (dig 22b. SIG (A) ) (RE	Den view	April 4 the forgiter death	h.	od that in (my) (000) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF 1		E SIGNED
TO HOSPITAL OF retained by the hos TO FUNERAL DIREC should be detached with the State Dept IMPORTANT: If term		22d. PHYSICIAN'S NAM	AE (THE OF PRINT	22.C	vovara	220 ADDRESS SPRIN		HOSPITAL		=
PP	23a	BURIAL, CREMATION, RESPECTIVE		DATE	100	EMETERY OR CREMATORY		WN NO	COUNTY	STATE
DHMH-16 20M	24.5	UNERAL DIRECTOR	-		DRESS! W.	25a. DA	TE REC'D. BY REG	STRAR 251 NEG	ISTRAR'S SIGNA	TURE

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(VRA 15, 4)

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Ruck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4)

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		C.F. Stewart		
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ADDRESS 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 APR 27

STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		LIAM H.	DISHAROON	4/	24/ 83 1:30AM
1	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	White	Sept.22, 1908		
И	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
2	Maryland	U.S.A.	WIDOWED X DIVORCED [	☐ Baltimore Cou	
á	18 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
Ď	Towson	St. Joseph's Ho		Expert	Auto Parts
K	13a. STATE 13b CC	DUNTY 13c. CITY OR TOW	VN 13d. INSIDE CITY LIMITS		2 04001
/	Maryland Ba	ltimore 2120	YES NO X		ircle 21204_
2/	FIRST	MIDDLE LAST	FIRST	WIDDLE	Toadvine
4	Ray  160. WAS DECEASED EVER IN U.S.	Herman Dishar		ADDRESS	TOAUVITTE
f	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES!		DisharronBali	to. MD 21234
	No -			DISHAPPUNDAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAL	r anly ane cause per line far (a), (b), ar JSED BY:	nd (ci)	One Thomas	BETWEEN ONSET AND DEATH
	4340 IMMED	DIATE CAUSE (a)	exules von car	cau ive i am	words .
	Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF STANSE		
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENICE OF		
	underlying cause last.	DUE TO, OR AS A CONSEGRO			
ı		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION (	GIVEN IN PART 11a
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				
)	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RIFYING CAUSES OF DEATH?
	Ē.	216. TIME OF INJURY	1216 HOW IN IURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	YES NO
7				CHELD (ENTER NATURE OF INJURY IN TEM	15, PART TORPART 2)
	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.  21e. PLACE OF INJURY	19 211 LOCATION		
		(AT HOME, STREET, FACTORY, OFFICE,		CITY OF TOWN	COUNTY STATE
	AT WORK AT WORK	aspital) attended the deceased fram.	April 1 83	to April 24	., 183 , that \ (we) last
	saw the deceased alive	an April 24 19	05	ian death accurred an the date and h	
1	22b, SIGNATURS	f not) view the body after death.	DEGREE		22c. DATE SIGNED
Ш	AH	Olulath n	ATTENDING	MEDICAL STAFF	424-83
7	214 PHYSICIAN'S NAME (T	INE ON PRINT)	22e ADDRESS		
	A.H. 6	HILADI	7620 Yor	k Road, Towson,	Md 21204
_	23a. BURIAL, CREMATION, REMO	VAL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATO		COUNTY STATE
	Entombment	Apr. 27, '83 1	Parkwood Cemete		Co., MD
	24. FUNERAL DIRECTOR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE REC'D. BY REGISTRAR 256. REG	
	William F T	ohnson 8521 Loc	ch Raven Blvd A	PR 25 1983 San	and Carried

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: y should be detached for vie with the Stete Dept. of Heal IMPORTANT. If them 21 is in

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MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

1	1 -	REGISTRAR					ICATE OF DEAT		0 0	6. NO.			
		CEASED NAME	FIRST	,	MIDDLE	t-	AST		20. DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOUR
			MIDDI	LETON	W.	I	ODSON			04	07	183	1:40Pm
1	3. SEX	x Male		4. RACE Whi	te	5. DATE C	mber <sup>DAY</sup> 18,		6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTH	DER 1 YEAR	HOURS MIN.
5		RTHPLACE (STATE OR	FOREIGN	U,S.	what countr <b>A</b> .	Y? 8 MARRIEI WIDOWE	D NEVER MARRI	IED 🖎	BALTIM	Y OR COUN			MD.
1		TOWSON	ATH	(IF NOT IN SUC	HOSPITAL, NURS H FACILITY, GIVE STRI ER BAL'	SING HOME C	OR OTHER INSTITUTI		12a USUAL OCCUP (TYPE OF WORK FOR MC			B. KIND O NDUSTRY	F BUSINESS OR
159	USU/	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)			CAREET ARREST				
)		rvland		imore	Cockeys		13d. INSIDE CITY LIV		130. STREET ADDRE 12 McC		renue	210	30
-		THER'S NAME				34110	15. MOTHER'S MAI		E		O.I.G.		
7		Omar		M .	Dodson		Ruth		R.	E	Lyr	nch IASI	1
		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT			DRESS			
	()	YES, NO OR UNKNOWN)	(IF YES, GIVI	2	216-16-	-4389	Celeste	Humme	er 12 Mc	Cann A	venu	ie 21	030
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter and	y ane cause per BY:		and (c).)				-	-		MATE INTERVAL ONSET AND DEATH
ř		4100	IMMEDIAT	L CAOSE (0)								anta	
		Canditians, if any,		(b)	RENAL	FAILUR	RE						
		couse (a), stating	ng the	DUE TO, OF	RAS A CONSEC MYOCAR	DIAL I	NFARCTI	ON					
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE	HE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN	PART 10	,
	O	METABOLI	C AC	IDOSIS	HYPOX	IA							
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WEI	RE FINDIN CAUSES	OF DEATH?
3		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE			TB PART TO	OR PART 2)	
	MEDICAL	21d. INJURY OCCURI	IILE 🗆	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFIC	E. FARM. ETC.)	211 LOCATION STREET		CITY O	OR TOWN	c	OUNTY	STATE
		22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an	4/7	19	0.3	d that in (my) (our)	83 opinion de	, to4/_ eath accurred an th	e date and h	17		that (I) (we) lost couses stated
		226. SIGNATURE	16	old ,	mo		MD ATTEN	DING ICIAN	MEDICAL S DIRECTOR PHY	STAFF YSICIAN		22c. DATE !	SIGNED 7/83
1		KENNET					GBMC -	670	1 N. CH	ARLES	ST	. 21	204
	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE 4-9-19		Wood1	EMETERY OR CREM	ATORY	Wood Law	'n	cou	 Mary	land <sup>iate</sup>

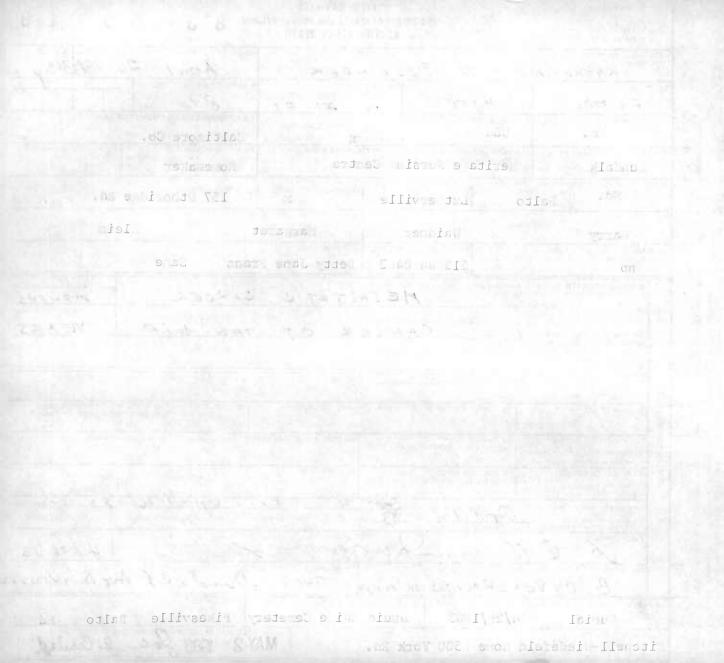
74 FUNERAL DIRECTOR 1050 York Road 1250 Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201



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à		3. SE			RACE	~	DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
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9	1 10	10 C	TY OR TOWN OF DEATH	11	. NAME OF HOSPITAL, I	NURSING H	OME OR OTHER INST	ITUTION	120 USUAL OCCUPATI	ION	126. KIND O	F BUSINESS OR
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OW ×	Pages 1	()	ES, NO OR UNKNOWN) (IF	YES, GIVE W	AR OR DATES)	-38-5	575 Cm	Toen Mo	mia lilaa M	emla A	***	07007
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<b>8</b>	physical anpaper emaval.		18 CAUSE OF DEATH IE PART I. DEATH WAS O			EBRA	L THROM	accic			BETWEEN	NSET AND DEATH
Cert	r rer		113110	AEDIATE (	CAUSE (a)	VOI(N	L INIXOII	170212				
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201 s th	riol,		PART O OTHER CICALIES		(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours	hen la bu	Z	PART 2 OTHER SIGNIFIC	ANI COI	ADITIONS CONTRIBUTION	NG TO DEA	IH BUT NOT RELATED	10 THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	1
0 3	prior any	CERTIFICATION	190 DATE OF OPERATION	1	196 CONDITION FOR	WHICH OP	RATION WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USED
le lo	S e e s	IFIC							YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
ITA 4: Th	ronsit p Hygier 18 shov	ERI	210. ACCIDENT WAS UNDERLY	ING	216. TIME OF INJURY		21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUI			140
N OF VI	ETO E		OR CONTRIBUTING CAUSE		HOUR A.M. MONT	TH DAY	YEAR					
NO HYS K	buria Menta Anta Anta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX.	AMINER)	P.M. 21e PLACE OF INJURY	1000	19 211 LOCATIO	N				
VISION		ME	WHILE NOT WHILE		(AT HOME, STREET, FACTORY,	OFFICE, FARM	ETC.) STREET		CITY OR TOV	IN	COUNTY	STATE
a Na	Arrer res the alth and marked		220.1 certify that (I) (this	harnital	attended the decreased	-	2-70-	1985	1	CT	280	1 1 1 1
T To to					iew the bady after death.				death accurred an the do	ate and haur		that (1) (we) last
R ATT	Directions sched for us Dept. of He f Hern 21 is		abave (1) we) (did) (	d/d naty	iew the bady after death.		DEGREE			The Girls Hoor	22c. DATE	
			No. SIGNATORE W	1.0	1			TTENDING _	MEDICAL _ STAF			
ITAI by t	detc state state		22d. PHYSICIAN'S NAME	100			22e ADDRES		DIRECTOR   PHYSIC	IAN	4/6/	T983
OSP	534 4				IN1}		1228 ADDRES	5				
TO H	244		Aiden V					3 St. P				
	10 (200)	23o B	URIAL, CREMATION, REM	OVAL	23b. DATE	23c. NAN	E OF CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
1999BP_			Burial		4/9/1983	Cat	nedral Cem		Wilmined		New Cat	tlo DE
DHMH - 16 . (VR A 1		24. FL	NERAL DIRECTOR		ADDR	RESS		ADD	RECID. BY REGISTRAR	MI REGISTR	SGHAU	ech.
(AK W)	J (4))		George C	ionce	4001	Ritch	ie Highway	AST IV	1 7 1000			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28. DATE OF DEATH MONTH DAY YEAR 4 20 83  6. AGE (INYEARS LAST BIRTHDAY)  76 YRS.  9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  CARPENTER  Board of Education
6. AGE (IN YEARS LAST BIRTHDAY)  76 YRS.  9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  MD.  120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE)  CARPENTER  12b. KIND OF BUSINESS OR INDUSTRY  CITY OF BALTO.
76 YRS.  9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  MD.  120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE)  CARPENTER  MONTHS DAYS HOURS MIN.  12b. KIND OF BUSINESS OR INDUSTRY  CITY OF BALTO.
76 YRS.  9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County  120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) CARPENTER  12b. KIND OF BUSINESS OR INDUSTRY CITY OF BALTO
Baltimore County  120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) CARPENTER  12b. KIND OF BUSINESS OR INDUSTRY CITY OF BALTO
CARPENTER CITY OF BALTO
Board of Education
13e. STREET ADDRESS  1722 SELMA AVENUE, 21227  ME  MIDDLE LAST
BRUNNER
DRSEY 24 FOURTH AVENUE, 21227  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
INAL DISEASE OR CONDITION GIVEN IN PART 110
200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
CITY OR TOWN COUNTY STATE

FOR

Diana Griffiths

22e. ADDRESS

900 Caton Avenue 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

PHYSICIAN

BALTIMORE WOODLAWN

(our) opinion death occurred on the date and hour and from the causes stated

MARYLAND

22c. DAJE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL BP DHMH - 16 50M 4/B2

21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

04-22-83

236. DATE

APR 2 2 1983

MEDICAL

injury, or other troumatic

and Mental Hygiene prior ta burial, cr

MPORTANT: If Hem 21 is morked or Hem 18 shows

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. af Health

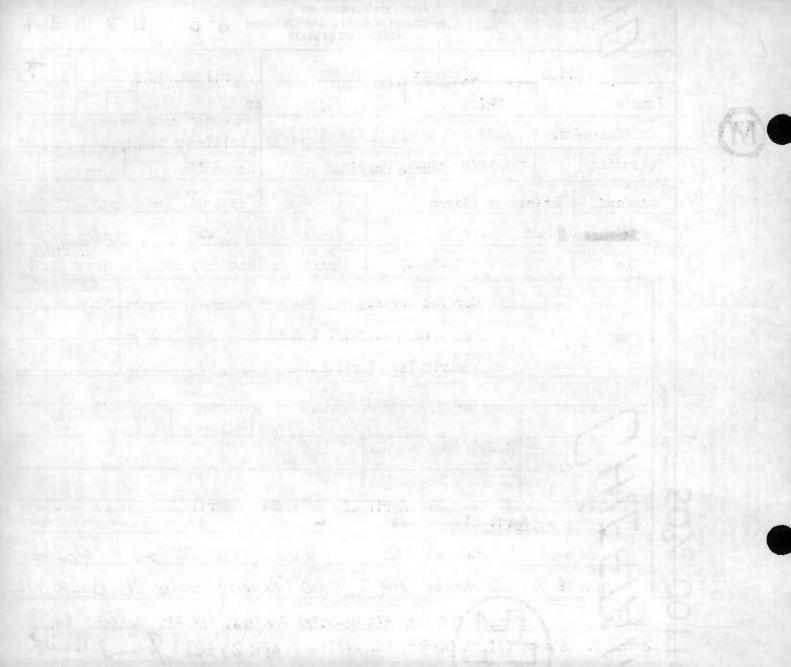
(VRA 15, 4)

LORRAINE PARK

DEGREE

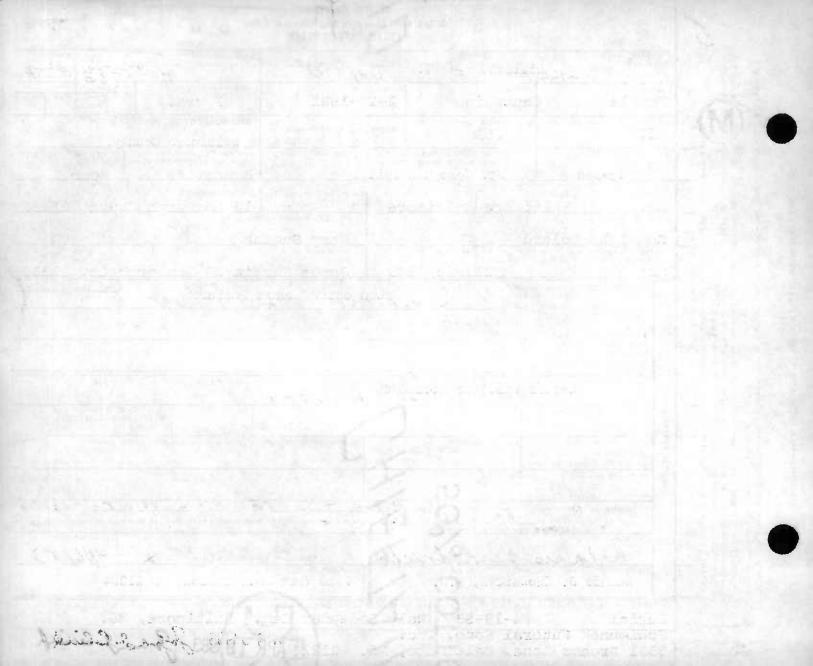
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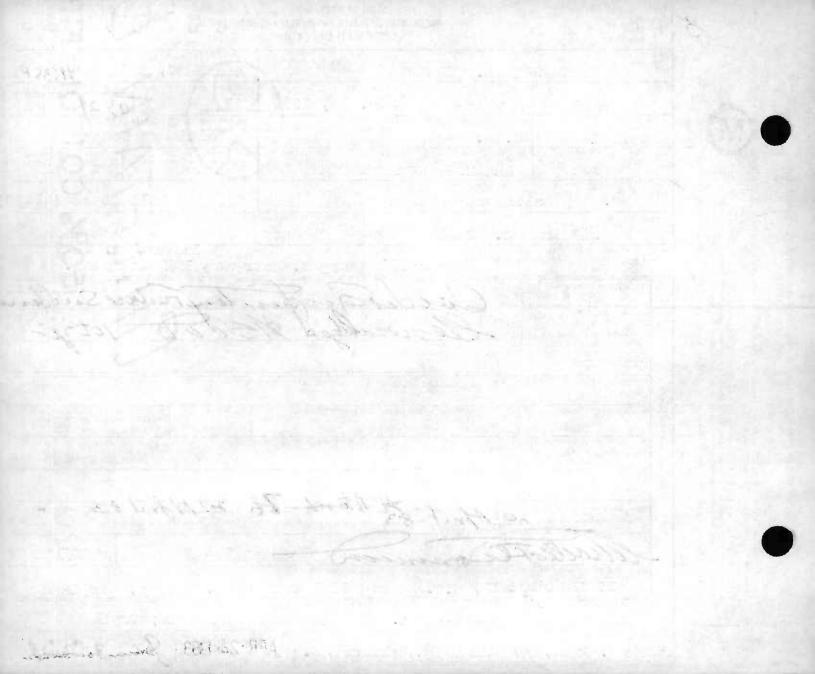
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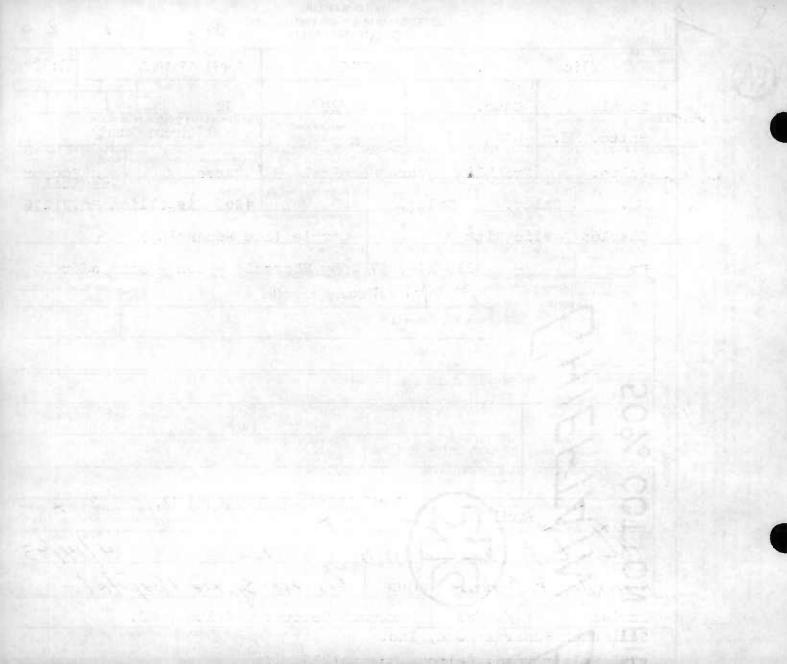
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

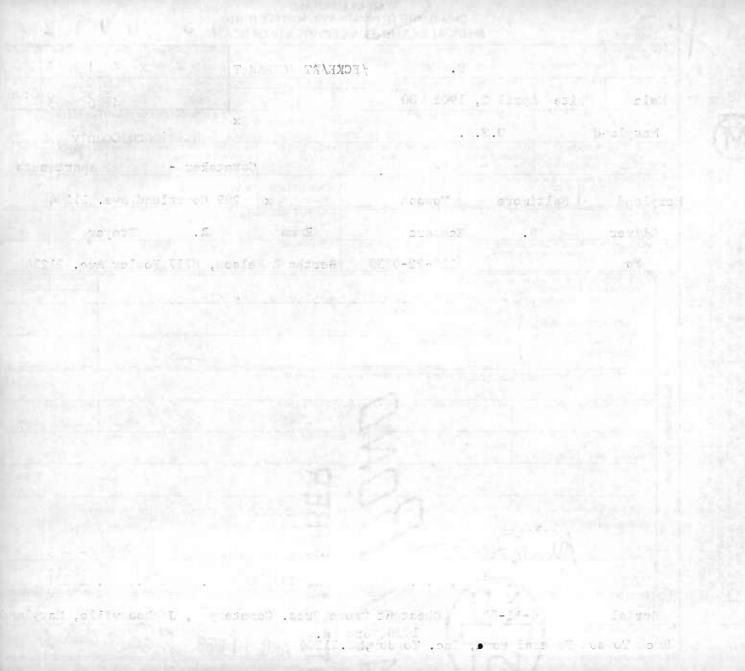
CERTIFICATE OF DEATH

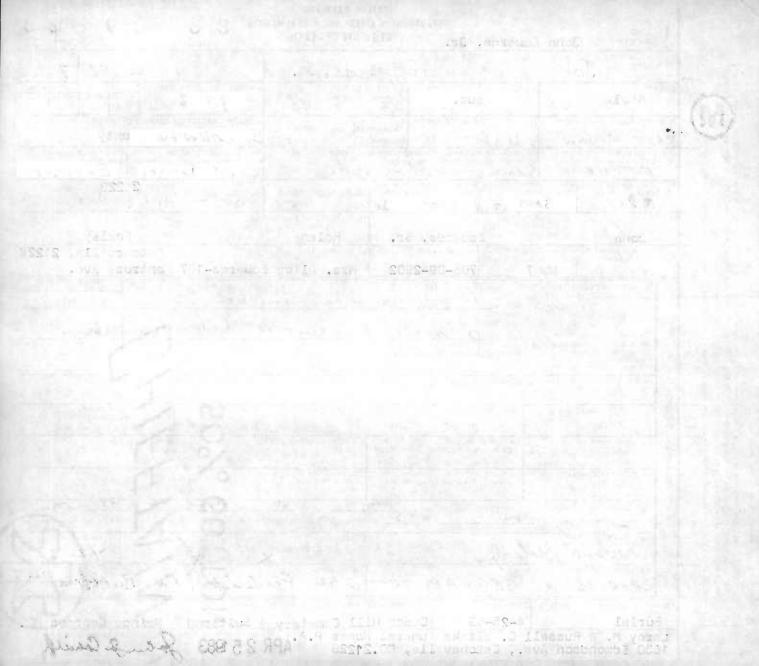


9705 Relair Poad Balto Md



(VR A15 ME (5)) 20M 4/82





TELEPHONE CO. 959 SOUTHRIDGE ROAD, 21228 WALKER 959 SOUTHRIDGE RD. 21228 ATTEST - SULL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 4-18-83 PHYSICIAN DIRECTOR PHYSICIAN 10802 HICKORY RIDGE ROAD: COLUMBIA, MD. MARYLAND 04-20-83 LOUDON PARK BALTIMORE CITY BURIAL 250. DATE REC'D. BY REGISTRAR 256. POGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

83

IF UNDER 1 YEAR

18

1:00

IF UNDER 24 HR

2a DATE OF DEATH

DHMH - 16 50M 4/82

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

(VRA 15, 4)

A DECEMBER OF STREET					
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R & O 1863 . He lang & Charles	A STATE OF THE STA			TO AMPLIANT SOMETHING	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

vector, page 3

death. Page 4 may be

			JIAI	E OF MARYLAND		
1 - STA	TE	0		IEALTH AND MENTAL HY	GIENE 8 3	0913
	ISTRAR				REG. NO.	
1. DECEASE		MIDDLE		AST DLIADT	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	RAYMO			RHART	APRIL 30, 1983	
3. SEX		4. RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
	ALE	WHITE	1	19 02	B1 YRS	
a. BIRTHPL		76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	D XNEVER MARRIED	9. BALTIMORE CITY OR COUN	
	MARYLAND	U.S.A.	WIDOWE			
/	DNSVILLE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 6215 CHESW	IVE STREET ADDRESS)	DR OTHER INSTITUTION	12ª USUAL OCCUPATION REPTRED MOST OF WORKING VICE PRESIDENT	126. KIND OF BUSINESS INDUSTRY BANKING
USUAL RES	IDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2122
			ONSVILLE	YES NO X	6215 CHESWORTH	
4. FATHER	SNAME			15. MOTHER'S MAIDEN N	AME	
	HARVEY		HART	FIRST	ERINE NIDDLE	MITCHELL
	ECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS	IN VIICE
NO	OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-14-1711	ELIZABETH	B. EHRHART 6215	S CHESMORTH PO
	ALIEF OF DEATH . Sts.	ily one couse per line for to		LELIZABETTI	D. LIIMIANI OZIG	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	ditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF	Postal 160	1 /2 00 11 17	
904	e rise to immediate	,0,	/	0000	Jewan n	
und	se (a), stating the erlying cause last.	DUE TO, OR AS A CO	C	irrboring	MINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(0)
und	se (a), stating the erlying cause last.	(c)	C	irrboning NOT RELATED TO THE TER Effusiu	MINAL DISEASE OR CONDITION OF	SIVEN IN PART 1(0)
und	2. OTHER SIGNIFICANT  ATE OF OPERATION	CONDITIONS CONTRIBUTED IN THE CONDITION FOR	ING TO DEATH BUT		20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CERTIFICATION  Superproperty of the control of the	se (o), stating the erlying couse lost.  2. OTHER SIGNIFICANT	19b. CONDITION FOR	ING TO DEATH BUT		200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PARI 19a. D 21a. OR C:	ATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	19b. CONDITION FOR	ING TO DEATH BUT		20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PART OR C C C C C C C C C C C C C C C C C C	ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DE- EITHER, NOTHEY MEDICAL EXAMINE!  NJURY OCCURRED  ER NOT WHILE AT WORK  Certify that (1) this hospi	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTOR (at) ottended the decease	NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC.)	216. HOW INJURY OCCU	200 AUTOPSY? 206. IF Y YES NO PHOTOER RRED (ENTER NATURE OF INJURY IN ITEM 1	VES, WERE FINDINGS USED TIFY ING CAUSES OF DEATH? YES NO SEPART 1 OR PART 2)  COUNTY STATE.
PART OUT CELLIFICATION PART OF THE CAT OF TH	ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DE- EITHER, NOTHEY MEDICAL EXAMINE!  NJURY OCCURRED  ER NOT WHILE AT WORK  Certify that (1) this hospi	19b. CONDITION FOR  19b. CONDITION FOR  19b. TIME OF INJURY HOUR A.M. MON 19b. P.A.M. J. P.A.M. MON 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC.)  d from  19 , oth.	216. HOW INJURY OCCU 216. LOCATION STREET  1976  nd that in (my) (our) opinio DEGREE	200 AUTOPSY? 20b. IF Y YES NO PRED (ENTER NATURE OF INJURY IN ITEM 1  CITY OR TOWN  10 - 2 - 8 3  In death accurred on the date and h	VES, WERE FINDINGS USED TIFY ING CAUSES OF DEATH? YES NO SEPART 1 OR PART 2)  COUNTY STATE.
PART OUT CELLIFICATION PART OF THE CAT OF TH	ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DELITHER, NOT IF MEDICAL EXAMINED  AT WORK  Certify that (1) this hosp ow the deceased alive on above, (1) (we) (did) (did no obove, (1) (we) (did) (did) (did) (did no obove, (1) (we) (did) (did) (did) (did no obove, (1) (we) (did) (di	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTOR (at) ottended the decease	NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC.)  d from  19 , oth.	216. HOW INJURY OCCU 216. LOCATION STREET  , 1976 and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? 206. IF Y YES NO PHOTOER RRED (ENTER NATURE OF INJURY IN ITEM 1	VES, WERE FINDINGS USED TIFY ING CAUSES OF DEATH? YES NO COUNTY STAIL  OUNTY STAIL  OUNTY STAIL  OUT ond from the causes state
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PART OUT OF THE PART OF THE PA	ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DELITHER, NOT BY MEDICAL EXAMINED  AT WORK  AND WHILE  AT WORK	19b. CONDITION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJUR' (AT HOME. STREET, FACTOR  tol) ottended the decease  11 view He body ofter dept	ING TO DEATH BUT RWHICH OPERATIO  NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC)  d from Th. 19 , other	216. HOW INJURY OCCU 211. LOCATION STREET  1976  nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 220 ADDRESS 1009 FI	200 AUTOPSY?  200 AUTOPSY?  YES NO PHOCER  RRED (ENTER NATURE OF INJURY IN ITEM 1  CITY OR TOWN  10 - 2 - 8 3  In death accurred on the date and h  DIRECTOR PHYSICIAN    REDERICK ROAD BAL	COUNTY STATE  COUNTY STATE  19 , that (I) (we sour and from the causes state  22c. DATE SIGNED  4 - 30 - 8
PARI 19a. D 19a. D 21a. ORC (IFI 21d. I 22a. 1 22b. 3 27b.	ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DELETING, NOTIFY MEDICAL EXAMINED  ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DELETING, NOTIFY MEDICAL EXAMINED  ACCIDENT WAS UNDERLYING  ONTRIBUTING  CAUSE OF DELETING, NOTIFY MEDICAL EXAMINED  ACCIDENT WAS UNDERLYING  ONTRIBUTING  ONTRIBUTI	19b. CONDITION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJUR' (AT HOME. STREET, FACTOR  tol) ottended the decease  11 view He body ofter dept	ING TO DEATH BUT  R WHICH OPERATIO  NTH DAY YEAR  19  Y, OFFICE, FARM, ETC.)  d from  19  M. O.	216. HOW INJURY OCCU 216. LOCATION STREET  , 1976  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	200 AUTOPSY?  200 AUTOPSY?  YES NO PHYSICIAN  CITY OR TOWN  TO PHYSICIAN  DIRECTOR PHYSICIAN  REDERICK ROAD BAL  23d. LOCATION CITY OR TOWN	VES. WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO

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	FOR			DEPARTMENT C		AARYLAND I AND MENTAL	HYGIENE	-,	2 0	1 199 1
000	REGISTRAR		M	EDICAL EXAM				REG. NO.	Uy	1 3
	ECEASED NAM	THOMA	5	J. EH	RM.	AN		OF ESTI- ATH MATED	MONTH D	1 19 83 40
3. SE	M	4. RACE	5. DATE OF BIRTI	3 24 58	YEARS IF UN THDAY) MONT YRS.		MIN, PRON	OUNCED DEAD		DAY YEAR 2d HO
N	BIRTHPLACE (S OREIGN COUNTRY) [aryla:	nd	USA		WIDOV		CED B	altimore city of	re, Co	ounty
C 1	owson		St. J	SPITAL, NURSING HO FACILITY, GIVE STREET ADDRE DSEPH S H	ospit	cal	cabin	et make	r R	OR INDUSTRY
5 13a.	state faryla:	nd Bal	timore	GIVE RESIDENCE BEFORE ADM		13d INSIDE CITY LIMITS?	7506	Park Dr	. 212	234
4	Thor	mas	WIDDIE	Ehrman	NITY NA	15. MOTHER'S MAIN Kathe		MIDDLE	Кэ	rach
160.	yes, no, or unkno	WW	MAR OR DATES)	217-12- ge far (a), (b), and (c),		Ruth Eh	man 75	of Park	Dr.	21234
PART I DEATH WAS CAUS  O'SED AS A BURBLET RAMINER ALONG  O'SED AS A BURBLET RAMINER ALONG  Conditions, if any, whice gave rise to immediate cause (a) stating the under lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  PART 2 OTHER SIGNIFICANT CONDITION  196. DATE OF OPERATION										
Z	cause (a lying cau	) stating the <u>under</u> - use last.	(c)	R AS A CONSEQUENCE	LE.	E OR CONDITION GIVEN IN	*ART 1 (o).			
TIFICATION	cause (a lying cau	) stating the <u>under</u> - use last.	DUE TO, C		ERMINAL DISEAS		PART 1 (a).			20. AUTOPSY?  YES □ NO Ø
ICAL CERTIFICATION	cause (a lying cau	) stating the <u>under-use last.</u> IGNIFICANT CONDITIONS  F OPERATION  AL CAUSE WAS  G OR  ING CAUSE OF I	ONTRIBUTING TO DEAL  19b. CONC  21b. TIME + HOUR A DEATH	H BUT NOT RELATED TO THE I	PERATION W	VAS PERFORMED?		of injury in ITEM 18 PA		YES NO
MEDICAL CERTIFICATION	PART 2 OTHER S  19a. DATE OF  21a. EXTERN. UNDERLYING. CONTRIBUTI 21d. INJURY 4	) stating the <u>under-use last.</u> IGNIFICANT CONDITIONS  F OPERATION  AL CAUSE WAS  G OR  ING CAUSE OF I	ONTRIBUTING TO DEAL  19b. CONT  21b. TIME A HOURA DEATH  21e. PLACI	H BUT NOT RELATED TO THE I	PERATION W  EAR 21c. H	/AS PERFORMED?	RED LENTER NATURE	OF INJURY IN ITEM 18 PA		YES NO
MEDICAL CERTIFICATION	PART 2 OTHER S  190. DATE OF  210. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY OF WHILE AT WORK	) stating the under- use last.  GRIFICANT CONDITIONS  F OPERATION  AL CAUSE WAS  G OR  NG CAUSE OF I  OCCURRED  NOT WHILE  AT WORK  ify that I took charge led fram: Nature	ONTRIBUTING TO DEAL  19b. CONE  19b. CONE  21b. TIME of HOUR A  DEATH P.  21c. PLACE  STREET, FA	H BUT NOT RELATED TO THE I	PERATION W  EAR 21c. H	OW INJURY OCCURI	RED (ENTER NATURE	uiry , and	ART 1 OR PART 2)	YES NO
736.	PART 2 OTHER S  190. DATE OF  210. EXTERN. UNDERLYING. CONTRIBUTI 21d. INJURY C WHILE AT WORK  22d. I certi death result  ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PRI	Stating the under- use last.  GRIFICANT CONDITIONS  F OPERATION  AL CAUSE WAS  G OR  NG CAUSE OF I  OCCURRED  NOT WHILE  AT WORK  Noture  NAME  NTON, REMOVAL I	ONTRIBUTING TO DEAL  19b. CONT  21b. TIME ( HOUR A  DEATH  21e PLACI  STREET, FA  DEATH  ACTUAL CONTRIBUTION OF THE CONTRIBUTI	DITION FOR WHICH O  OF INJURY M. MONTH DAY Y M. 19  EOF INJURY (ATHOME CTORY, FARM, ETC.)  ESCRIBED OBOVE, Held of Accident ,	PERATION W EAR 21c. H 21l. LC  n Autop Suicide	OW INJURY OCCURION  CATION  STREET  ASS.  Hamicide  TITLE (SPECIFY)	an , Inq Undetermine MEDICAL E	or town  uiry, and  id manner,  XAMINER	COUNTY d in my apinic  DATE SIGNED	YES NO 2

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Hvattsville. Maryland

(VRA 15, 4)

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FOR

- STATE

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DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

22c. DATE SIGNED Baltimore. Md. 4/6/B3 Loudon Park Cemetery Baltimore Md. Burial Lerox M. Russall C. Witzke Uneral Homes P. A 250 DATE RECUSTRARILL AND A 1983 1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

25 HOUR

126. KIND OF BUSINESS OR

21229

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

STATE

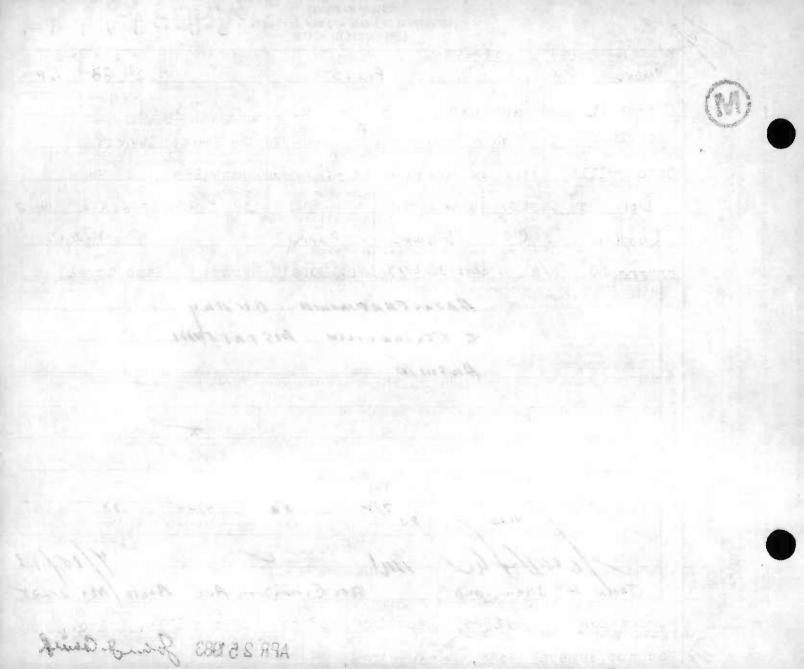
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

(VRA 15, 4)

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206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN P Hospi M2 - law son Mi 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY burial 4/30/1983 Balto. County. Md. Dulanev Valley Mem 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE (a) ITA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

YEAR

IF UNDER 1 YEAR MONTHS DAYS

INDUSTRY

26 HOUR

126. KIND OF BUSINESS OR

LAST

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

- STATE

REGISTRAR

PRINCIPLE TO THE PRINCIPLE OF THE PERSON OF PURIS BVA HURUTGAN BAS | B FOR - STATE

STATE OF MARYLAND	ì
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKIII	CAILOI	DEATH	REG. N	O.			
		EASED NAME FIRST	N	NIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE	ORPRINT) JOSE	PH .	D.	F	TTE	2	April	9,	1983	8:15	PM
	3. SEX	(	4 RACE		S. DATE C			6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR		
	Ma	ale	Whi	te	MONTH	3	1914	69	YRS.	MONIHS DAYS	HOURS	MIN
1	70. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AA A DDIE	M NEVER	MARRIED -	9. BALTIMORE CITY	R COUNT	Y OF DEATH		
5		aryland	USA		WIDOWE	0 0	NORCED	Baltimore			9.	MD.
5	Ba	TY OR TOWN OF DEATH	Balto.	OSPITAL, NURSING HEACILITY, GIVE STREET AD County Ge	nera			Time USUAL OCCUPAT (TYPE OF WORK FOR MOST OR Retired		LIFE) INDUSTRY	OF BUSINESS	S OR
5	13e. S Mai	AL RESIDENCE (IF NURSING HOME COL STATE 110. COL Cyland		GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Baltimor		YES 🛣	NO [	13. STREET ADDRESS 1403 Weld	on Pl	21/ Lace No	211	
6	14 FA	THER'S NAME William	MIDDLE H	Fitez			'S MAIDEN NAM	Me MIDDLE		Routs	st Bon	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI	ITY NO.	17. INFORM	ANT	ADDR	ESS			
2	()	Yes no or unknown) (IF YES, G	IVE WAR OR DATES)	213-01-63	49	Mrs.	Helen F	itez 1403 W	eldor	Place	N	
	ATION	PART I. DEATH WAS CAUS  4 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO, OF  DUE TO, OF  DUE TO, OF  (c)  CONDITIONS	R AS A CONSEQUEN	ICE OF	-رون		INAL DISEASE OR CON		VEN IN PART 1		
1	CERTIFICATION				PERATIO		Att I	YES NO	IN CERT	IFYING CAUSE		5
	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER. NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE ☐ NOTIFHIE ☐ AT WORK  22g. 1 certify that (1) (this has saw the deceased live or above. If we had a	21e. PLACE ((AT HOME, STR	M. MONTH DAY M. DEFINJURY EET, FACTORY, OFFICE, FAR P deceased from	19 2M, ETC ) 3 , or	211 LOCAT STREE	ION  T, 19 8 3  T) (our) opinion of	CITY OR TO	gy, late and ha	COUNTY	, that (I) (we e couses state	e) lost
1		22d. PHYSICIAN'S NAME (TYPE		NOTABO		220 ADDRE		DIRECTOR PHYSI	Gs	m. H	كتره	20
		BURIAL, CREMATION, REMOVA SPECIFY) Burial	L 23b. DATE				CREMATORY Cemeter	y Chelter	ham	COUNTY	Md. STA	TE
	24. FU A. •	JNERAL DIRECTOR Alan Seitz, J	r. Funera	al Home 38	818 R	oland		R 1 8 1983	the REGIS	J. Car	ruef	•

DHMH - 16 50M 4/82 (VRA 15, 4)

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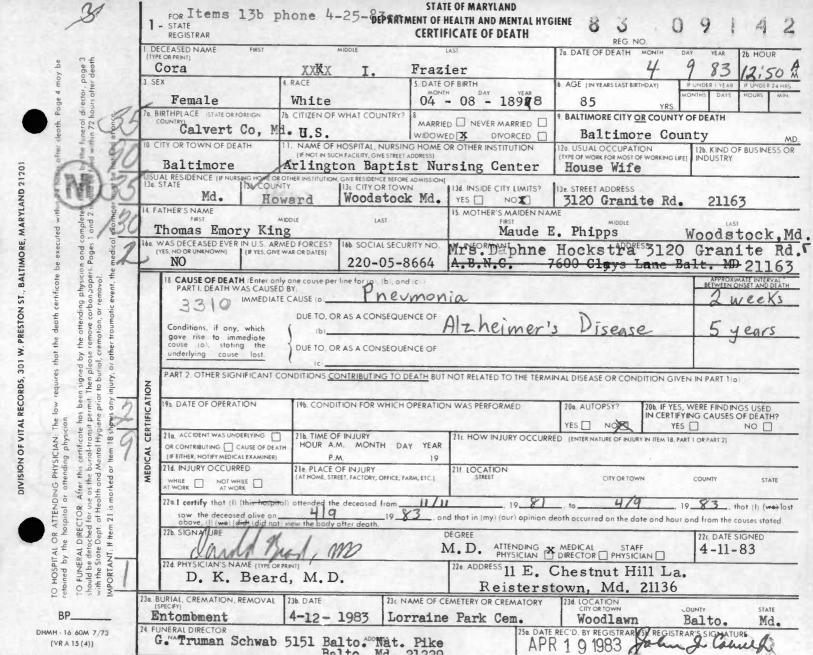
IMPORTANT: If them 21 is marked or Born 18 shows any injury, ar other traumatic event, th

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	12	-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYC	0 0	0 4	1 4	1
			CEASED NAME FIRST		WIDDLE		AST	REG. NO		YEAR 2b. HOUR	
	poge 3	(TYPE	OR PRINT) Mary	, · N	Λ.	F	RANCE	Apri			OM
	E C	3. SEX	(	4. RACE		S. DATE C		6 AGE IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS	4 HRS MIN.
	rector		Female	White		Dec	. 16 1897	85 9. BALTIMORE CITY O	YRS.	ATU	
	oth. P	(	RTHPLACE   STATE OR FOREIGN COUNTRY)  Maryland		A .	MARRIE WIDOWE	DIVORCED	Baltimore		AIT	MD.
	P 27		TY OR TOWN OF DEATH	11. NAME OF		SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126.	KIND OF BUSINES	
501	5 (F)		utherville	Coll	ege Ma	nor		Homemake		wn HOn	ne
0.21	P P	13a. S	AL RESIDENCE (IF NURSING HOME) TATE	FOR OTHER INSTITUTION	13c. CITY OR TO		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21210	
Z Z	should should be	14 E A	Md. THER'S NAME		Balto	•	YES NO 15. MOTHER'S MAIDEN NA	500 W. U	<u>Jniversii</u>	ty Pkwy	•
BALTIMORE, MARYLAND 2120	d with	100	ohn	P. MIDDLE	Mackenz	zie	Mary	S. MIDDLE	R	ice	
RE,	d cor		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIALSI	ECURITY NO.	17 INFORMANT	ADDRE	SS		
IIW	be exec on ond s. Pages			JII	220-44	-6407	Harrison N	1. Robertsc	n Balto.	., Md.	
	hysicii poper oval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line for (o), (b).	, and Ich	100		H	APPROXIMATE INTERV	PATH.
N ST.	certification in the properties of the propertie	57	4960 IMMED	IATE CAUSE (o)					1	-	_
SIO	deoth offend ove co ion, c		Conditions, if ony, which	DUE 10, 0	DR AS A CONSE	OUENCE OF				100,400	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the o		gave rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSE	OUENCE OF					
201	ed by please riol, c		underlying couse lost.	(c)_			NOT DEL LEED TO THE TEN				
RDS,	equire n sign Then p r to bu injury,	NO	PART 2. OTHER SIGNIFICAN	131/1	ONTRIBUTING	IO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONL	IIION GIVEN IN P	ART IIO	
ECO	ow re rmit. I prior ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED	
ALR	The Coon.	RTIF						YES NO	YES 🗌	NO 🗆	
F .	PHYSICIAN: The ending physicion this certificate he buriol-tronsit per de Memol Hygier dor them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY L.M. MONTH		21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
O N	YSICIA ding ph s certif s certif ouriol:t Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		OF INJURY	19	211. LOCATION				
VISIC	G PH offens s the l	ME	WHILE NOT WHILE D	( AT HOME, S	TREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TO	WN COI	UNTY ST	TATE
۵	LOIN Lose or second		22a.1 certify that (1) (this	6.00	he deceased fro		124 1981		19.	3_, that (I) (#	
-	Spito CTOF J for of H	N	sow the deceased alive above, (I) (we) (did) (did	on	y offer death.	9_13,0	nd that in (my) (our) opinion	death occurred on the do			ted
	OR he ho ochec ochec	- 3	226. SIGNATURE	4			ATTENDING	MEDICAL STAF	F _	429	183
	HOSPITAL ned by the FUNERAL Jid be definite Store ORTANT:		22d. PHYSICIAN'S NAME I	HOLDER TO			PHYSICIAN ADDRESS	DIRECTOR   PHYSIC	IAN	1201	a
	- · · · · · · · · · · · · · · · · · · ·		Mark	Dugan	M.D.		15 E. Bi	ddle St.,B	alto. Mo	/	
	Die Che M		BURIAL, CREMATION, REMOV	AND THE PROPERTY AND ADDRESS OF THE PARTY AND		3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUN		TATE
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	DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR NAME Henry W. Jer	1.1.	ADDRE	s 4905	York Rd. 250. DA	PR 29 1983	ZSI ZGISTRAR'S	2. Casil	a
	(VRA 15, 4)	L	denry W. Jer	nkins &	Sons C	o.,Bal	.to., Ma.		0.	/	-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOU (TYPE OR PRINT) OF ESTI-1983 MEN 2d. HOUR SEX 4. RACE AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED MALE 01 17 09 DEAD 19 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIEDX FOREIGN COUNTRY) U.S.A. Maryland DIVORCED WIDOWED BALTIMORE COUNTY IL CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY TOWSON Bell Captain Hotel JOSEPH HOSP USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21234 YES MD BALTIMORE CUB 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST Edward French Anne Lavery 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. DIVISION 21234 (YES, NO, OR UNKNOWN) No 212-07-3784 A. French2837-ACub Hill Samuel 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A E CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HOULD BE USED ARTMENT OF HE OR TO BURIAL, YES NO D 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection 🔀 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inquiry death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EITENECKER EXAMINER'S NAME 6 BMC TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE STATE (SPECIFY) Baltimore Co. NUL RY REGISTRAR [256\_REGISTRAR'S SIGNATURE Burial Apr. 7. 83 Woodlawn Cemetery BP 24. FUNERAL DIRECTOR DHMH-17 8521 Loch Raven Blvd (VR A15 ME (5)) Johnson 15M 2/80

VINUO BRONITUMU

LECTOR LICE SERVICE SERVICE STATE STATE OF THE STATE SERVICE SERVICE

LALLSon L. Johnson 1962. Gon Level Lew APR 5 882 Parish

FOR

REGISTRAR

- STATE

GAS & ELECTRIC 1134 DORCHESTER AVENUE, 21207 STARKEY 1134 DORCHESTER AVENUE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 77: DATE SIGNE 1001 PINE HEIGHTS AVENUE, 21229 MARYLAND BALTIMORE CITY 04-06-83 NEW CATHEDRAL BURTAL 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 4/82 ADDRESS. (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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oth 3		REGISTRAR  CEASED NAME FIRST  OR PRINT)  Dona	ıld Joseph	GARY, Sr.	REG. NO.  20. DATE OF DEATH MG  April 8,	1983 YEAR 26. HOUR 8:00am
de 4 moy	3. SE	× M	4. RACE	5. DATE OF BIRTH  MONTH  ADAY  24	6. AGE (IN YEARS LAST BIRTHO	/
death. Page	To. B	RTHPLACE (STATE OR FOREIGN COUNTRY) D.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C Baltimor	COUNTY OF DEATH
by the to	16	DSSVILLE	FRANKLIN S	ADDRESS) HOSP.	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	
or 24 hours in hould be	13a. S			RIVER YES NO D	3 STREET ADDRESS 2217 Vail	thorn Rd 2/22
completely in a shall on a shall	]4. FA	V / / /	E. GARY	15. MOTHER'S MAIDEN NA FIRST  GEORGE	i A MIDDLE	SACHS LAST
be execu	160. V		MED FORCES? 166 SOCIAL SECU WE WAR OR DATES) 219-16		SHAPIRO SHAPIRO	541 S. LONGWOU  MO. 212 2  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death co signed by the attendin Then please remove carb to burial, cremation, or a njury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE	PEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDIT	TION GIVEN IN PART Tra
n. os beer ne permit. Ine prior ws ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SKIAN: The ng physicion certificate huid-transit lental Hygier lental Hygier lental B sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 19	RED (ENTER NATURE OF INJURY II	NITEM 18 PART   OR PART 2)
DING PHYSI or attending After this ce se as the buri alth and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	the second secon	CITY OR TOWN	COUNTY STATE
OR ATTEN he hospital DIRECTOR pached for us Dept. of He If hem 21 is		22a L certify that (this haspi saw the deceased alive an above, (did) (and the 22b. SIGNATURE	April 8, 19	ATTENDING	MEDICAL STAFF	and hour and from the causes stated
TO HOSPITAL etained by H TO FUNERAL should be det with the State	-	22d PHYSICIAN'S NAME (TYANG	SR ARINT) M.D.	22e ADDRESS	onklin Square	Da I CHIIO C

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			STATE OF MARYLAND		
5	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 REG. NO.	9   4 8
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be	Helen	Jeanette	GEORGE	April 28, 198	
4 moy	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		W	3/8/16	6/ YRS.	
death. Page	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	Baltimore County Baltimore County	
14 B	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	ROSSVILLE	FRANKLIN	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	
Illed in	USUAL RESIDENCE (IF NURSING HOME)		VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21205
thin tely fi	14. FATHER'S NAME	- ISITE	YES NO D		STEAD WA
and 2	PIRST	MIDDLE MIZE	FIRST	UNK MIDDLE	LAST
ond co	160 WAS DECEASED EVER IN U.S. AF			ADDRESS	349 WILLOW
on and s. Pages	(YES, NO OR UNKNOWN) [IF YES, GI	VE WAR OR DATES) 21826	1087 PHYLLUS	BEAM	ELKTON M
equires that the death cer in signed by the attending Then please remove corbor rta burial, cremation, ar re injury, ar other traumatic		DUE TO, OR AS A CONSEQU	elerotic Cardiovasc		EN IN PART 110
an. has been to permit. I been priar aws ony is	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED TYING CAUSES OF DEATH?
HYSICIAN: THe ding physicic is certificate burial-transit Mental Hygis at Item 18 share at	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
DING PHYS ar attendin After this c e as the bur alth and Mc	GIE EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK	218. PEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z = S = F = S	i22a.1 certify that X() (this hasp saw the deceased alive or	ital) attended the deceased from. April 28 19 19 19 19 19 19 19 19 19 19 19 19 19		to April 28	1983, thorsel) (we) las
OR ho	226. SIGNATURE	· Teorauli	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 DATE SIGNIS
TO HOSPITAL of the certained by the TO FUNERAL is should be detor with the State [MPORTAN]. If	Denise Leonar		220 ADDRESS 9000 Frankl	in Square Dr. Bal	to., MD 21237
BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN BALTO	COUNTY STATE
DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR OF REGIST	RAP S SIC PATURE

AND THE PROPERTY OF THE PERSON

Leonard J. Ruck, Inc., Baltimore, Maryland

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Inchard J. Juste Inc., Verdinary Correlage 12 12

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

APR. 5, 1905

MARRIED NEVER MARRIED

17 INFORMANT

REG. NO

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHOAY)

12ª USUAL OCCUPATION

MERCHANT

78

APRIL 29, 1983

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

IF UNDER LYEAR

7h. HOUR

17h KIND OF BUSINESS OR

RETAIL

6 P.M.

COUNTY

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

YES [

PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS 70-F PAINTERS MILL RD. OWINGS MILLS, MD

MAY 1,1983 BETH TFILOH

23d LOCATION

COMMARYLANDSTATE

(SPECIFY) Burial

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO., MD MXMXX 21215 MAY

(TYPE OR PRINTS SEX MALE

- STATE

REGISTRAR

DECEASED NAME

BIRTHPLACE (STATE OR FOREIGN COUNTRY NEW YORK 10 CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND

FATHER'S NAME

(YES NO OR UNKNOWN)

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

13g STATE

MEDICAL

7b. CITIZEN OF WHAT COUNTRY? **IISA** 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WHITE

(IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) 6998 MARSUE DR., APT. 1A SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

166. SOCIAL SECURITY NO

087-07-8877

13d. INSIDE CITY LIMITS? BALTIMORE

**GETZEN** 

15 MOTHER'S MAIDEN NAME FIRST

6998 MARSUE DR.

6998 MARSUE DR., APT. 1A 21215

13e STREET ADDRESS

ITYPE OF WORK FOR MOST OF WORKING LIFE

MILDREDORGETZEN

BALTO., MD 21215

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE O Conditions, if ony, which

216. TIME OF INJURY

21e. PLACE OF INJURY

gove rise to immediate couse tot, stoting the underlying cause last

**JOSEPH** 

13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4. RACE

BALTIMORE

LIF YES GIVE WAR OR DATES

**GETZEN** 

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY OFFICE FARM ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

211. LOCATION STREET

CITY OR TOWN

200 AUTOPSY?

NOT

YES [

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

NO [

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

226 SIGNATUR

STEPHEN MARGOLIS, M.D. 230 BURIAL, CREMATION, REMOVAL

sow the deceased alive on above, (1) (we) (did) (did not) view the

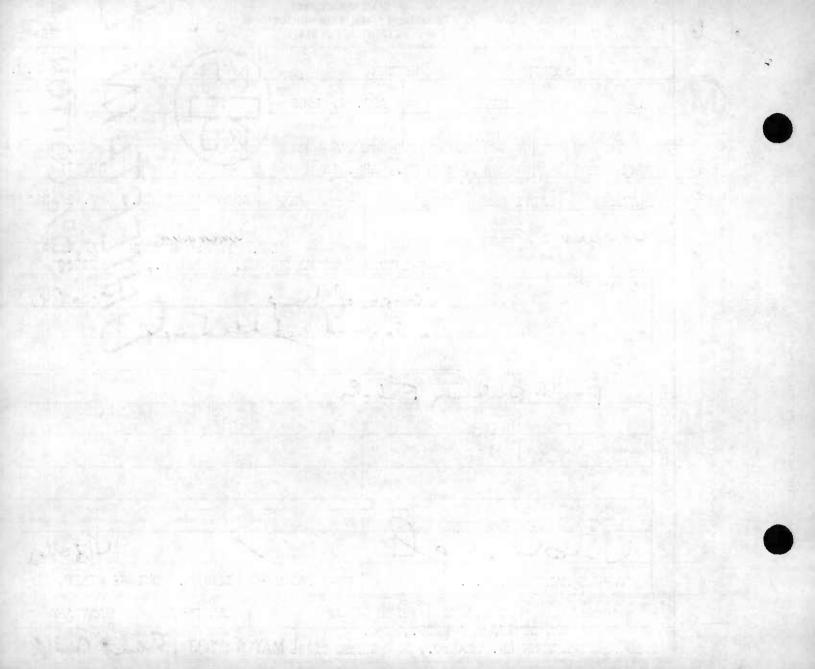
220.1 certify that (1) (this haspital) attended the deceased from.

23c NAME OF CEMETERY OR CREMATORY

DEGREE

BAITTMORE

DHMH - 16 50M 1/81 (VRA 15, 4)



rartin D. Lawson.

(VRA 15, 4)

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Ruck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4)

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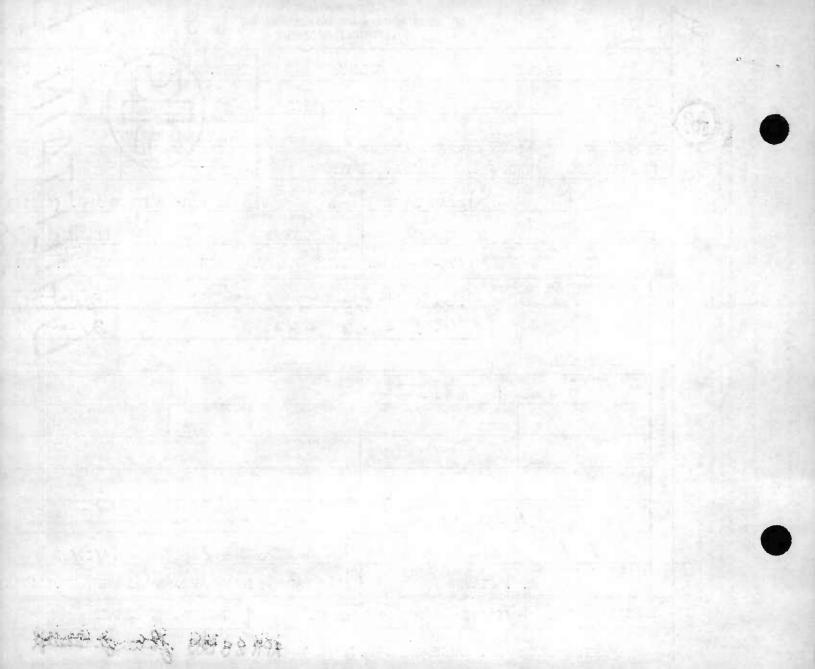
10	1	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	GIENE 8 3	0 9	1 5 3
163		CEASED NAME FIRST RAYMOND	DAVIS GL	ASER		AST	April 22, 1		26. HOUR 4:40p
(M)	3 SE	x Male	4 RACE Caucas	ian	April April	DF BIRTH 11 22, 1908	6 AGE IN YEARS LAST BIRTHD		EAR IF UNDER 24 HR
0 1 18 85		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Baltimore (		H
97		Randallstown	11. NAME OF H	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Millman	12b. KIN ORKING LIFE) INDUS	D OF BUSINESS
24 hc	130				RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS 2031 Engely		776
mpletely ond 2 sp	14 F	ATHER'S NAME FIRST Frederick	WIDDLE	Glaser		15 MOTHER'S MAIDEN NA FIRST Elizabeth A	MIDDLE	ood avem	LAST
MORE, in and can madical		WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	212-07-		17 INFORMANT Virginia L.	ADDRESS	Charles	St. 2120
rificate k physicio an popers emavol.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per ED BY:	line for (a), (b), or	BR	o -VASCU	uan A		PROXIMATE INTERVAL EEN ONSET AND DEAT
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The law icion. The has be start permit giene priis shows on)	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WÅS PERFORMED	YES NO	OB IF YES, WERE FIN N CERTIFYING CAU YES	SES OF DEATH?
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ATTENDI sspital or ICTOR, A d for use		sow the deceosed alive a above, (1) (we) Idid) (did n	· MIL	-22	\$3.		death occurred on the date	ond hour and from	the couses stated
AL OR the house had been been been to be pige.		Lamon	-5.1	Penn	tel,	- CY	MEDICAL STAFF DIRECTOR   PHYSICIA	NO An	uf23
TO HOSPITA etained by TO FUNERA should be d with the Sio		RAMON S.	PIME	WTEL1.	SR	7501 Libert			
BP	230.	burial, cremation, remova Burial	1 23b. DATE			m Cemetery	23d LOCATION CITY OF TOWN Woodlawn.	county B <b>altimore</b>	STATE CO. Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24,5	UNERAL DIRECTOR NAME WAR MAN (Dell)		WODLAWN I	MEMORI	AL FH AP	TE REC'D. BY REGISTRAR (2)	REGISTRAR'S SIC	ATURE

oplet -	April 22, 1745			ALPVAR.	
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6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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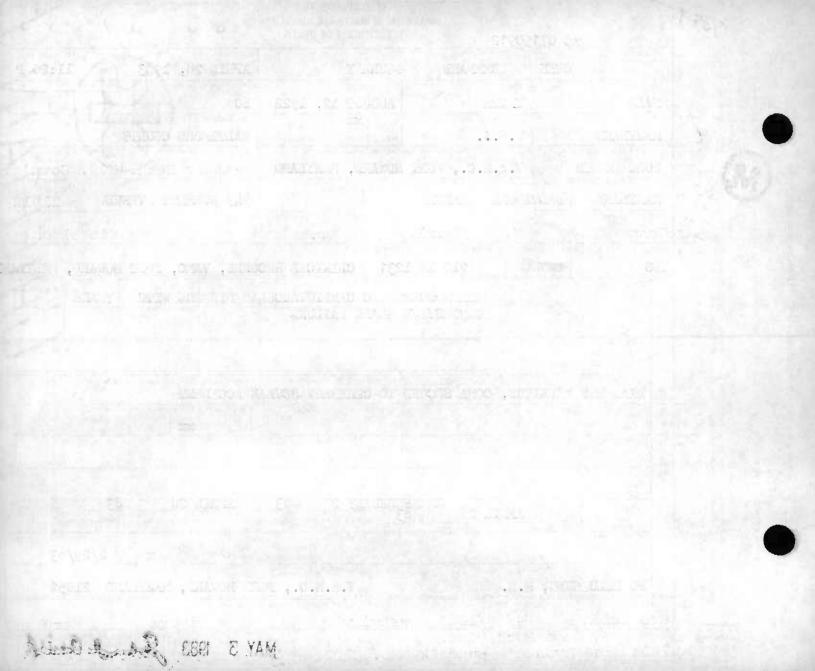
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		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	)		,		7
		CEASED NAME FIRST	M	IDDLE		AST	20 DATE OF			DAY Y	EAR	26 HOL	R
4		SARA	H		G	DLDSTEIN	APRIL	26.1	983		-11	230	AM
	3. SE	X	4 RACE		5. DATE (		6 AGE (IN YE			IF UNDER	DATS	IF UNDER	
b		FEMALE	WHITE	3		MBER 25,1891	91		YRS	MONTHS	DATS	HOURS	MIN.
됞	12-191	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OF	COUNT	TY OF DEA	TH	7.11	
8		LITHUANIA	11.5	S.A.	WIDOW		RAT.	TIMOR	F CC	TIMTY			MD.
1		ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a USUAL C	CCUPATIO	N	12b. K		BUSINI	
	1	BALTIMORE		DXEYE RD.		00	HOUSE		WORKING			MIT	
7	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION C	IVE RESIDENCE BEFORE	ADMISSION)					LAJ	HC	ME	
2		IARYLAND BA		DATE TAKE		13d. INSIDE CITY LIMITS?	13e. STREET A						
		ATHER'S NAME	LTIMORE	BALTIMOR	E	YES NO X		OXEY	E RD	212	209		
		FIRST	MIDDLE	LAST		FIRST	,	WIDDLE			LAST		
9	17. 11	ABRAHAM	nuen concess I	MILLER		ETTA		. CDDr		HE	YMA	N	
1		VAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	16b SOCIAL SECUE	RITY NO.		S. DORO	THY B	CITZ				
		NO		217-48-5	976	2208 OXEYE	RD. BA	ALTO.	, MD	212			
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per l	ne for (o) (b), and	l (c)	V.D.	(	1	-	8E1	PPROXIA	NATE INTER	VAL DEATH
			ATE CAUSE (o)	car	win	1 mmouse	ytufe	etcs	4		3 W	Jo	,
		5122	DUE TO OR	AS A CONSEQUE	NCE OF		0	5 13			100	100	
	177	Conditions, if ony, which	( (b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	-3	gove rise to immediate couse (a), stating the	DUETO OR	AS A CONSEQUE	NCEOF						1		
		underlying couse lost.	DOE TO, OK	AS A CONSEQUE	NCEOF								
		PART 2. OTHER SIGNIFICANT	CONDITIONS COI	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAI DISEASE	OR CONF	UTION G	IVEN IN PA	RT 1/0	,	
	N O	PA	ku Smi	Discar		The state of the s	MITAL DISEASE	OK COIVE	1110140	14 614 114 12	KI 150		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	V		N WAS PERFORMED	20a AUTOI	PSY?	20b. IF Y	ES, WERE F	INDIN	GS USEI	)
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5	ERI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	-	21c HOW INJURY OCCUR					P1 21	140	
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	MEDICAL	216 INJURY OCCURRED	P.M.		19	121f. LOCATION						10	
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74 FUNERAL DIRECTORSOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

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	3. SEX	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
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e	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8			9. BALTIMORE CITY C		DEATH	
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5	Towson	St. J	oseph Ho	spita	1		Builder	OF WORKING LIFE)	NDUSTRY	
K	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	UNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW!		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS		-	2/2/2
1	Maryland Ba	alto.	Balto	•	YES 🗌	NO 🔀	530 Murdo	ock Rd.		
7	M. FATHER'S NAME	MIDDLE	LAST			MAIDEN NAM	MIDDLE		LAST	
	Clarence		Graham			ara	M. Det		?	
1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRI	SS		
	no no or unknown) (IF YES.	GIVE WAR OR DATES)	212-07-7	061 A	Mrs. 1	Barbara	Graham 53	0 Murdo	ck Rd	. 21212
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	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	IGS USED OF DEATH?
7	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURED	DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU			NO [
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	220.1 certify that 20 (this had sow the deceased alive above 21 we shad it 12.2). SIGNATURE	On April	16 19	83 <sup>1</sup> , or	DEGREE	ATTENDING PHYSICIAN	eoth occurred on the d	ote and hour and	22c. DATE:	SIGNED -16-83
	230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	IAME OF C	EMETERY OR	REMATORY	23d. LOCATION			
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

NAME Mitchell-Wiedefeld

ADDRESS 6500 York Rd APR 2 1. 1983 John & Comer

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

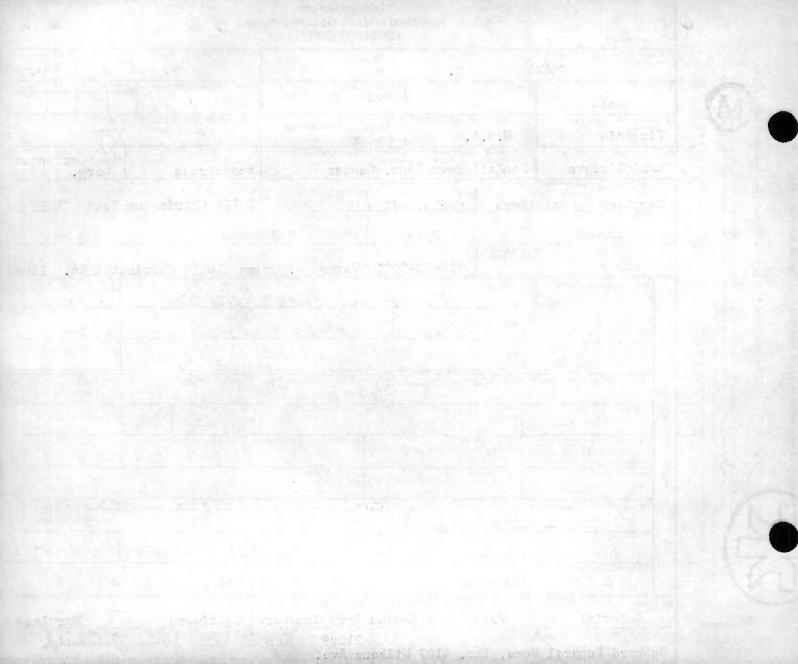
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/82

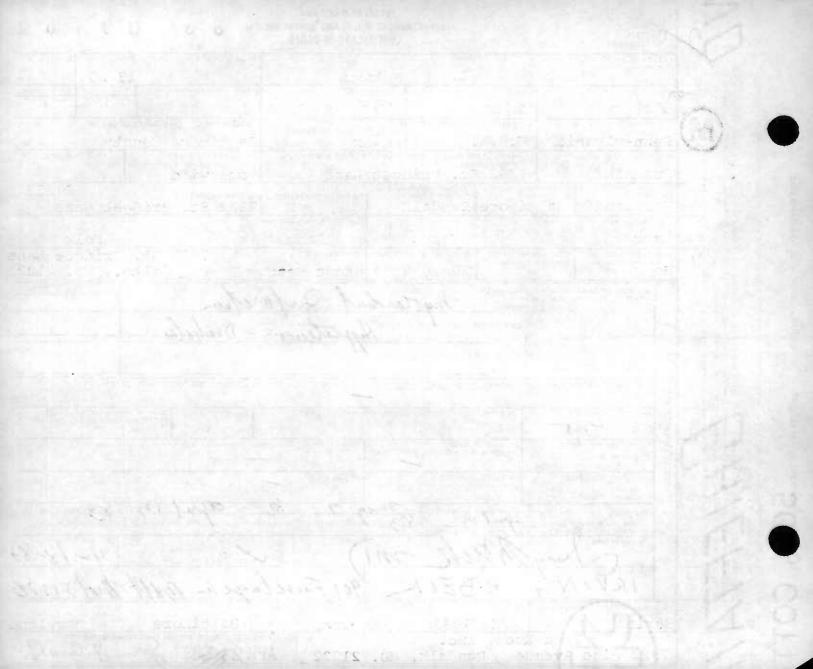
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Dundalk, MD. 21222

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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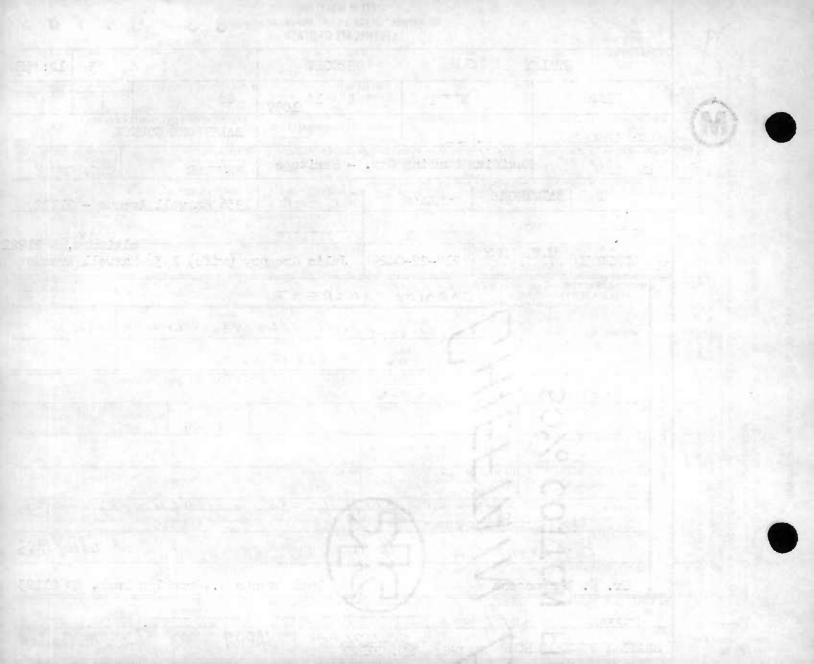
24 FUNERAL DIRECTOR

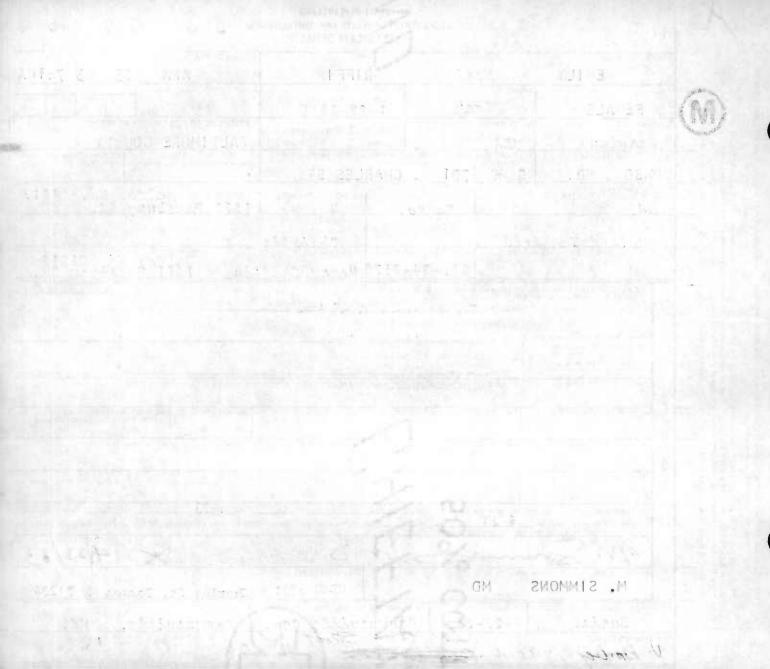
BRADLEY FUNERAL HOME DUNDALK, MD. 21222

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE





1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Maryland

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24 FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS OF ESTI-Vern Patrick DEATH MATED 19 83 Grimes 4 4 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. TIE UNDER 24 HRS YEAR 7d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 7:30F DEAD Male White March 16,1962 21 YRS 4 19 83 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED [ DIVORCED Baltimore County, Viroinia 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BOSINESS ) Y ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Material Handler - Metro Bld. Catonsville 922 Prestwood Road 2, AND 3. RETAIN P. 2 SHOULD BE TAL RECORDS USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Catonsville 922 Prestwood Road 21228 NO X AND 2 ST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Francis Trifillis Grimes Mary Т. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 213-64-2778 No Mr. Francis A. Grimes Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of chest and abdomen DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR PAGE 3 SHOULD BE USED AS A AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUN MONTH DAY UNDERLYING WOR CONTRIBUTING CAUSE OF DEATH 7+ P.M. 4 4 19 83 Self inflicted 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, FTC.) WHILE AT WORK TO AT WORK Prestwood Rd. Catonsville, Baltimore, Md. home Inquiry 220 I certify that I took sharge of the remains described allower Hamicide Undetermined manner Matural causes death resulted fr LITTLE (SPECIFY) ACTUAL M.Deputy Chiefedical ExaminER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATOR Burial 4/7/83 Ellicott City Good Shepherd Cemetery Maryland BP 2LETTO THECT & Russell C. Witzke Funeral Homes P. A 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** 1630 Edmondson Avenue, Catonsville, Md. 21228 (VR A15 ME (5) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-ANTHONY GRONCKI DEATH MATED 4. RACE . DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR DAT LAST BIRTHDAY Male White Jan. 7,1923 60 7b. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Maryland U.S.A. Baltimore County, WIDOWED DIVORCED D. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Joseph Hospital Towson B Inspector Railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Baltimore 7843 HighPointRd. 21234 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE Josephine Benjamin Groncki Piasecka FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN 21234 ADDRESS DIVISION YES, NO OR UNKNOWN) 214-18-2828 Josephine E. GronckiBaltimore, MD 18 CAUSE OF DEATH (Enter only one couse per line for (à), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? E DEPARTMENT OF YES NO | BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST. MARYLAND, 22a I certify that I took charge of the remains described above, held on Autapsy and in my opinion deoth resulted from: Accident Undetermined monner BALTJMORE, Charles F. O'Donnell. M . DeRESS York Rd 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Holy Rosary Cemetery Baltimore, Maryland Apr. 16, 183 24 FUNERAL DIRECTOR **DHMH-17** William E. Johnson 8521 Loch Raven Blvd (VR A15 ME (5)) 15M 2/80

NUMBER COSCO Tiongs: 

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Son MIVI. Beltinore, Md.	v witeni 607		.C.T cm	

	1 -	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	7
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26
		KAY	herine 14	Guderjohn		20 83
3.	SEX		4. RACE	S. DATE OF BIRTHY	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HE
0	7	1-emale	& WHITE	9/25/99	8 YRS.	
34		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y?   MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
A.J		MD.	USA	WIDOWED DIVORCED	BALTO.	COUNT
349	_	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION  EET ADDRESS)	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF E
10		255VILLE	Monde CORE N		HSWE	
224	30. S	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BER NTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	de
0			BALTE MIDDLE		804 A WIL	SON P
201	I. FA	HER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	WIDDLE	LAST
124		PAUL O	. WEIL	ANNA	E BEI	SEN
1/1	a. W	AS DECEASED EVER IN U.S. AI S, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!	CURITY NO. 17. INFORMANT	ADDRESS	
1/		NO	2203	6/696 WM, 6U	DERJOHN JI	9. A
#	П	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b),	99d (ch)	. 0	APPROXIMA BETWEEN ON
event,	- 1	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) MUL	ti-sustem to	aiture	2/11
	-	4360	DUE TO, OR AS A CONSEC	DUENCE OF		
		Conditions, if ony, which	(b)	SOLITOR OF		
		gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEC	DIENICE OF		
or other troumotic		underlying couse lost.	DUE 10, OR AS A CONSEC	JUENCE OF		100
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
injury,	Š	Old C.V.	A with Aph	asia, A.S.C.V.	D	
À 7	CERTIFICATION	9a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDING
		Managed Application of the Control o	***************************************	engaro e		ES [
18 sh		21a. ACCIDENT WAS UNDERLYING [		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
9	4	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
	WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY
3	₹	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC ) STREET	CITORIOWN	2001417
morked.			pital) attended the deceased from	n 8/25 / 19.8/	1 10 4/201	19 83 the
	-1		n 4/20/ 19	02 -1	n death occurred on the date and ho	ur and from the co
Hem 21		22b. SIGNATURE	of view the body/offer deoth.	DEGREE		22c. DATE SI
=		m	thun -	A D ATTENDING	MEDICAL STAFF	1.6
3-71		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSICIAN	- J
1		ICHINI -0	1. TUN	Manor	Care Rossvill	lo ma
1	2. 5	1-0114 1				2 1.4
2		JRIAL, CREMATION, REMOVA	111 -1	R. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
	4 611	DUNIAL	1/2/97 11	MORELANDS	BALTO:	120
32	1. 5	NERAL DIRECTOR	F 1 APPORES	5 730. 07	ATE REC'D. BY REGISTRAR 256. REGIS	HRAK'S SIGNATU
10	(_	may VUI	uneral Atro	ne soomarate	MAY 4 1983	month

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			T OF HEALTH AND ERTIFICATE OF		ENE 8 3	0 9	1/0
1. DECEASED NAME FIRST	,	MIDDLE	LAST			MONTH DAY YEA	AR 2b. HOUR
(TYPE OR PRINT) ELIZABE	тн	M. GI	JTR I DGE		APRIL	4, 1983	730A
3. SEX	4. RACE		DATE OF BIRTH	11	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1	
FEMALE	WHITE		ANUARY 3,	1917	66	YRS.	DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY &			9. BALTIMORE CITY C		Н
MARYLAND	USA	٨	AARRIED X NEVER	MARRIED	BALTIMOR	RE COUNTY	
10CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	OME OR OTHER INS		12a. USUAL OCCUPATI	ION 12b. KI	ND OF BUSINESS C
TOWSON		H FACILITY, GIVE STREET ADDR			SUPERVISOR		STRY CIAL SERV
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE AOM	USSION			.	JIII OLIKY
MD. 136. CO	TIMORE	TOWSON	13d. INSIDE	NO K	13e STREET ADDRESS	STNUT AVE.	21 204
14 FATHER'S NAME	TIPORE	TOWSOR		'S MAIDEN NAM		OTHOT HILL	21204
FRANK	MIDDLE	MAGUIRE		MARY	MIDDLE	ANI	DREWS
160. WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORM		ADDRI	ESS	
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	215-14-858		T D CIT	TRIDEE 601	CHESTNIT A	VF 2120
NO						AP	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY:	line for (o), (b), and (c)	INF CI	ADNIA SE	ASCULAR	2 DISEAST	C UDS
IMMED	ATE CAUSE (D)	ALTICIT.	202	11-0.00			7723
4029	DUE TO, O	R AS A CONSEQUENC	E OF				
Conditions, if ony, which	(b)						
couse (0), stoting the	DUE TO, O	R AS A CONSEQUENC	E OF			14 11 916	
underlying couse lost.	( (c)						
PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
3 190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATION WAS PERF	ORMED	20a AUTOPSY?	206. IF YES, WERE FI	INDINGS USED
E I	1 = 24				YES NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DAY		NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAR	RT 2)
OR CONTRIBUTING CAUSE OF	J. Allin	M. MONTH DAT	19				
(IF EITHER, NOTIFY MEDICAL EXAMI	21e. PLACE	OF INJURY	21f. LOCAT	ION	CITY OR TO	own count	TY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FARM.	ETC) STRE		CITTORIC	7411	alkie -
22a.1 certify that (I) (this ha	nird) attended th	e deceased from /	MARE 19	10 74	- 10 APRIL	- 4 19 8-	5 that (1) (ma) 1
saw the deceased plive	on MAR	7 1983	, ond that in (m)	)-(our) opinion d	leath accurred on the d	lote and hour and from	in the couses stoted
obove, (I) (ac) Not I (did 22b. SIGNATURE	not) view the body	ofter death.	DEGREE	-			DATESIGNED
1.0	tu	Mise	MI	ATTENDING	MEDICAL STA	FF L	4/8-
121 DHYSICIANIS NAME			22e ADDRE	-	DIRECTOR PHYSIC	ZIAN L	11100
22d. PHYSICIAN'S NAME (TY		+			CST TABTE A AS	OF 21.204	
THADDEUS C	SIMINSK		206		SYLVANIA AV	/E. 21204	
23a BURIAL, CREMATION, REMOV	AL 23b. DATE		NE OF CEMETERY OF	CREMATORY	23d. LOCATION	COUNTY	STATE
BURIAL	APR.7,	1983 MT	. MARIA			BALTIMORE	MD.

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the buriol-tronsit permit. Then pleas with the Stote Dept. af Heolth ond Mental Hygiene prior to burial,

IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 20. DATE TYPE OR PRINT) ESTI-CESSARY, PLEASE
ERAL DIRECTOR.
OR YOUR FILES.
HININ 72 HOURS ADERMANN 27 AIHERINE DEATH MATED 8 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED FEMALE 41 23 78 YRS DEAD 05 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED | MEVER MARRIED | ERNI WIDOWED DIVORCED Allimore OUNI ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 126 USUAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) OR INDUSTRY 10WSON GUSE WIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13t. CITY OR TOWN 21201 DAILIMORE 801 NO Y DEAUER DAN 10WSON II. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HANSEN RGEREI WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) RECORVS 0128963 0 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE RESI IMMEDIATE CAUSE CAL EN.
A BURIAL-TRAIN
A AND MENTAL HYG.
TO, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RS. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CHIEF MEDICAL E)
SE USED AS A BURIA
T OF HEALTH AND A PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RWARDED TO THE PAGE 3 SHOULD BE US STATE DEPARTMENT OF YES | NO S 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21201 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET STATE WHILE AT WORK AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE S
BALTMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Homicide Undetermined manner LITTLE (SPECIFY) SIGNED 4-29-MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢. NAME OF CEMETERY OR CREMATORY COUNTY SURIA BP. 24. FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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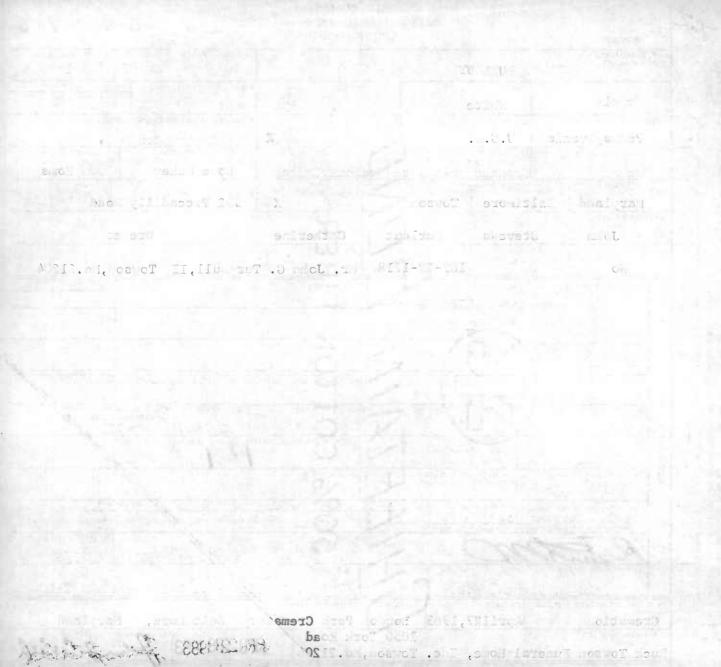
STATE OF MARYLAND

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



4	15	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 3	09174
4	* 24		CEASED NAME FIRST FOR PRINTING	20 Arthu	IN HAIN	20. DATE OF DEATH MONTH	30 th 1983 12: 45AM
1	M	3. SE		1 RACE White	5. DATE OF BIRTH  MONTH  DAY  1894	6. AGE (IN YEARS LAST BIRTHDAY)	
0	35	h	RTHPLACE (STATE OR FOREIGN COUNTRY)  1 Avy/And	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED L	13Altim	ore Co. MD.
10	by the filled	10.0	andalls town	( IE NOT IN SUCH FACILITY, GIVE STREET	Jen. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  MACHINIST	RING LIFE) 126. KIND OF BUSINESS OR INDUSTRY RAI ROAD
MARYLAND 2120	in 24 hours ly filled in should be let must be		AL RESIDENCE (IF NURSING HOME OF STATE 13b, COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW 170. REISTENS!	OCH 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Keys Mill Rd.
MARYL	completely 1 and 2 sl	14. FA	TONA TONA	E. HAIN	15. MOTHER'S MAIDEN N		Pons
LTIMORE,	be execut on ond co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 205-09	4 1	Molesworth	514 Cockeys Mill B Reisterstown, lud
W. PRESTON ST., BA	that the death certificate by the attending physici ease remove carbon paper bl, cremation, or removal. r other traumatic event, th			DUE TO, OR AS A CONSEQUE	ENCE OF al Cloacog	cinoma enic Carcinoma Anus.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201	requires to signed. Then ple or to burie injury, or	NOI	PART 2. OTHER SIGNIFICANT	Jecub fu	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1101
DIVISION OF VITAL RECC	YSECIAN: The low ding physicion. Is certificate has bee buriol-transit permit Mental Hygiene price them 18 shows any or frem 18 shows any or free free free free free free free f	CAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	21b. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCU	YES NO NOTE IN THE PROPERTY IN THE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO SEMILE PART 1 OR PART 2)
DIVISION	DING PHYS or attending After this can be but the but only the but the but marked or the but the but the but the the but the the but the the but the the the the the the the the the th	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENI aspitol ECTOR: d for us it. of He m 21 is			nital) attended the deceased from	, and that in (aur) apinio	in death accurred on the date an	that (we) last have and from the causes stated
	by the by the state of the stat		22d. PHYSICIAN'S NAME (TYPE		ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	× 4/30/83
	retained by the TO FUNERAL should be det with the State		13-	K. SINHA	Bal	timore Co. C	flu. Hosp.
	BP	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	BAttimore Cem	CITY OF TOWN	e MANGEMAN
	DHMH - 16 50M 4/82	24 F	UNEBALDIRECTOR OF	of Dellages	Wills led 25a. Q	ATE RECO. BY REGISTRAR 26 A	EGISTRAR'S SIGNOTURE A

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Ruck Towson Funeral Home, Inc. Towson, Maryland APR

MIDDLE

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 26 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

Telephone

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES [

25a. DATE REC'D. BY REGISTRAR 15

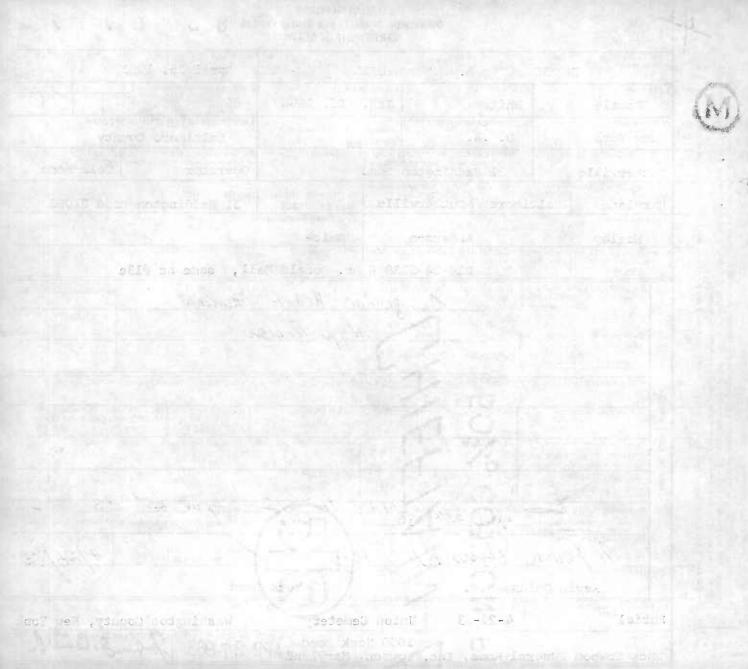
ADDRESS 1050 York Road

COUNTY

22c. DATE SIGNED

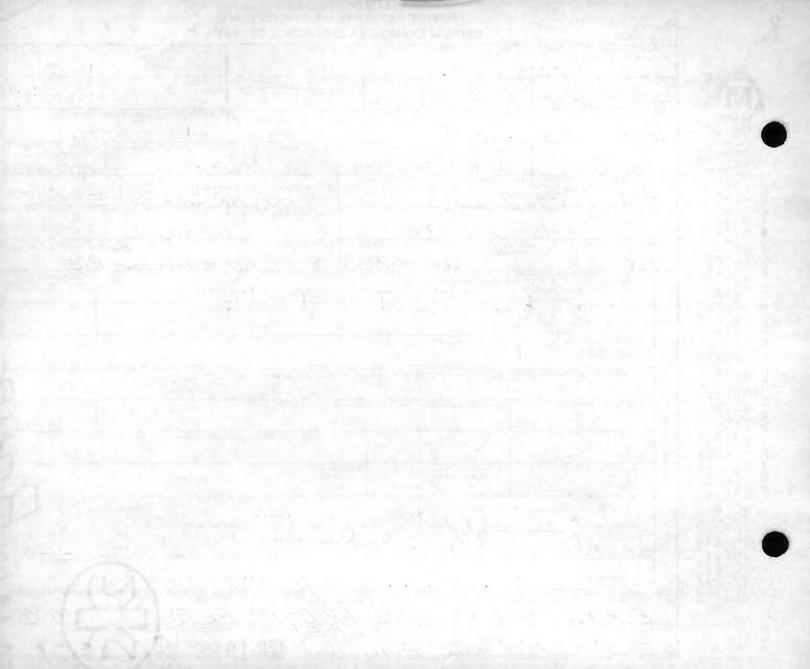
IF UNDER 24 HRS

IF UNDER 1 YEAR



3. SEX RACE S. DATE OF BIRTH WAS AGE (INVESTIGATION) AND YEAR OF AGE (INVESTIGATION) AND AGE (INVESTIG					ATE OF MARYLAND		
T. DECERASED NAME    Margaret   V.     Margaret   V.   Margaret   V.     Margaret   V.     Margaret   V.     Margaret		1-	STATE			0 0 0	9176
Margaret    Margaret						KEG. 140.	
B SEX   FRACE   SARED   DATE OF BIRTH   SARED   DATE   SARED   DATE   MONTH   D				MIDDLE	LAST	20. DATE KNOWN XX MO	
16 BIRTHPLACE   ISTAIL ON   17 CITIZEN OF WHAT COUNTRY   2 MARRIED   NEVER MARRIED   NEVER MARRIED   18 ALTIMORE CITY OR COUNTY OF DEATH   11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   17 NOTHER OF WORK   17 NOTHER WINDOWS   18 NOTHER STREET ADDRESS   18 NOTHER STATE			Margaret	V.	Hall	DEATH MATED	
18 BITHPLACE (STATEOR   17 COUNTRY)		3. SE)	4 RACE 5. DA			Z4 IIKS. DAIL	
18 BIRTHPLACE   STATEOR   TOCKNOWN OF DEATH   TO COUNTY   TOCKNOWN OF DEATH   TO COUNTY   TO	1	17	MA/F WhITE 9	2 111 121 11			4 15 10 83 P. N
IDENTIFY	d	7a. B	IRTHPLACE (STATE OR 76. C	ITIZEN OF WHAT COUNTRY?	18 HADDIED TO MEYED HADE	9. BALTIMORE CITY OR CO	
18. CITY OR TOWN OF DEATH	205	FO	MARVIAND	11.5 A		ED D Baltimore	County
A   18   Ingleside Avenue	-	10. C	TY OR TOWN OF DEATH II. N	TAME OF HOSPITAL, NURSING HON			
USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  138 STATE  139 COUNTY  130 COUNTY  130 CITY OR TOWN  130 . INSIDE (ITY LIMITS?)  131 . MOTHER'S MAIDEN NAME  FREST  14 . FATHER'S MAIDEN NAME  FREST  15 . MOTHER'S MAIDEN NAME  FREST  15 . MOTHER'S MAIDEN NAME  FREST  16 . MORGIE  17 . INFORMANT  17 . INFORMANT  18 . CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  MMEDIATE  ATTERIOSCI OF OTIC Cardiovascular Disease  18 . CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  MMEDIATE  ATTERIOSCI OF OTIC Cardiovascular Disease  18 . CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19 . DATE OF OPERATION  19 . DATE OF OPERA		1	BAHO			FOR MOST OF WORKING LIFE)	OR INDUSTRY
136. CUINTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS   138. STREET ADDRESS   138.		USU	AL RESIDENCE (IF IN NURSING HOME OR OTHE			ICERT	CKEUII BURTHU
15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN	1		TATE / 13b. COUNTY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	12/2/2
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:  19 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)  19 CONDITIONS (a)  10 DUE TO, OR AS A CONSEQUENCE OF  19 CONDITIONS (ONTRIBUTION TO OBTAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)  After i oscileratic Cardiovascular Disease  10 DUE TO, OR AS A CONSEQUENCE OF  19 CONDITIONS (ONTRIBUTION TO OBTAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)  19 CONDITIONS (ONTRIBUTION TO OBTAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19 CAUSE OF DEATH (ENTERNAL CAUSE WAS UNDER LATE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTION COLUMN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  10 DESTRUCTION OF THE PART 2 OTHER SIGNIFICANT OR PART 2 OTHER SIGNIFI			110 0116	0		1418 LNG(ES)	ICE HUE
(YES, NO, OR ORROWN)  (IFYES, GIVE WAR OR DATES)  20-14-953  218. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Arteriosclerotic Cardiovascular Disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (o) stoting the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M. 191. THE OF INJURY HOUR A.M. MONTH DAY YEAR  CONTRIBUTING CAUSE OF DEATH  P.M. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  191. DATE OF OPERATION  21d. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  191. DATE OF OPERATION  21d. PLACE OF INJURY (AT HOME 21f. LOCATION)	1	14. EA	ATHER'S NAME FIRST MIDE	ALE LAST / /	7 IS. MOTHER'S MAID	EN NAME MIDGLE	LAST
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ZTd. INJURY OCCURRED . 21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 27f. LOCATION STREET CITY OR TOWN COUNTY STATE	-	N N	CONTRIBUTING CAUSE OF DEATH				
AT WORK AT WORK		ED	21d. INJURY OCCURRED			CITY OR TOWN	COUNTY STATE
		2	AT WORK AT WORK	1			337111
							my opinion
270   Certify that I took charge of the remains described above, held an Autapsy , Inspection X. Inquiry , and in my opinion		-	death resulted train: Natural cau	Acrident		Undetermined monner,	
death resulted fram: Natural causes XX. Actident . Suicide . Hamicide . Undetermined monner .			ACTUAL A VILLE	1 minh	AVIOL	+	DATE 1-16-03
death resulted fram: Natural causes XX. Accident , Suicide , Hamicide , Undetermined monner ,	-		SIGNATURE Z	July 1.	M.D. <u>NSS1S1d11</u>	MEDICAL EXAMINER S	SIGNED 4-10-03
death resulted fram: Natural causes XX / Acrident , Suicide , Hamicide , Undetermined monner ,	1	-	EXAMINER'S NAME DODD	c F Smyth M.D.		III Ponn Stroot	
death resulted from Natural causes XX Accident , Suicide , Hamicide , Undetermined monner , ITLE (SPECIFY)  SIGNATURE SIGNAL EXAMINER SIGNED 4-16-83  EXAMINER'S NAME Dannie F. Smyth M.D.			(TYPE OR PRINT) DETITI		ADDRESS.		
death resulted from:  Natural causes XX	1	23o. B	URIAL, CREMATION, REMOVAL 236 DA	TE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
death resulted from: Natural causes XX. Accident   Suicide   Hamicide   Undetermined monner   Accident   Suicide   Hamicide   Undetermined monner   Accident   Hamicide   Undetermined monner   Accident   Hamicide   Undetermined monner   Accident   Date   Signed   4-16-83   Hamicide   Undetermined monner   Accident   Date   Hamicide   Undetermined monner   Date   Signed   4-16-83   Hamicide   Undetermined monner   Date   Hamicide   Date   Hamicide   Date   Hamicide   Undetermined monner   Date   Hamicide   Date   Date   Hamicide   Date   Date   Hamicide   Date   Date		-	BURITLE 4-	14-85 10000	D PR CENI	15/11/0	11/0
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death resulted from: Natural causes XX. Accident   , Suicide   , Hamicide   Undetermined monner   , ITTLE (SPECIFY)  SIGNATURE  EXAMINER'S NAME   Dennis F. Smyth, M.D.   ADDRESS   III Penn Street  230. BURIAL, CREMATION, REMOVAL   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION   CITY OR TOWN   CITY OR TO	)	111	FOFF FUMERA	S/ HIMF EN	morrano) API	2 1 0 1093	00.00

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Mary Ellen Hanes 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS 26 HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED Female White DEAD 70 BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Franklin Square Hospital Rossville 21237 A 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 24 Sidewell Ct. 13c. CITY OR TOWN 13a. STATE 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Essex 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Fritsch Margaret Hanes Ernest 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16h SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 219 68 8396 (Mother) Margaret Hanes Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL 3 SHOULD BE USED AS A BUNIAL HYGIENE, DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY USCLERUTIC CAROLU-PUSZASE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO T ATE, WRITING THE CORWARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARDED BY TAMEN 71a EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY TATHOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL ERNRU. EXAMINER'S NAME 23c. NAME OF CEMETERY OR CREMATOR Baltimore City, Md. Mount Carmel Cemetery BP 250. DATE REC'D BY REGISTRAR 156 REGISTRAR'S SIGNAPURE DHMH - 17 Home FA 1407 Old Eastern Ave. (VR A15 ME (9) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	, , ,	
	CEASED NAME		G Hann	LAST	2g. DATE OF DEATH MONTH D	AY YEAR 2b. HC	OUR
		stin			April 16, 1983		^
1. SE	Male	4. RACE White		OF BIRTH TH 22, DAY 891 YEAR		FUNDER I YEAR IF UND	ER 24 HRS
7a. B	BIRTHPLACE (STATE OR FO COUNTRY)  New Jersey	7b. CITIZEN OF	WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF Baltimore Coun		M
10. C	CITY OR TOWN OF DEAT RUXTON	H 11. NAME OF I	HOSPITAL, NURSING HOME THE FACULTY, GIVE STREET ADDRESS) TO CATE NURSIN	OR OTHER INSTITUTION	170. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  Machinist	12b. KIND OF BUSI INDUSTRY	NESS OF
USU.	JAL RESIDENCE (IF NURSIN STATE Naryland	G HOME OR OTHER INSTITUTION, 3b. COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN BALTIMOTE	13d. INSIDE CITY LIMITS?	3017 Cresmont Av	e 21211	
14. FA	ATHER'S NAME EIRST John	WIDDLE	Hanners	15. MOTHER'S MAIDEN NA.	WE	Lore LAST	
16a. V	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 212-09-5173	17. INFORMANT Mr Curtis W	ADDRESS Hanners 3018 Ail		
	PART I. DEATH WA	(Enter only one couse per S CAUSED BY: MMEDIATE CAUSE (o)	0 0 0 0	myozowalal.	infortin.	APPROXIMATE IN BETWEEN ONSET AN	ERVAL VID DEATH
	Conditions, if ony, gove rise to imme couse (o), stating underlying couse	ys					
CERTIFICATION	PART 2. OTHER SIGNI	two heart	DONTRIBUTING TO DEATH BU	chower revul	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS US	ATH?
	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRE	D 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
MEDIC	WHILE NOT WHILE AT WORK  22a.l certify that (1) 4 sow the decease above, (1) (wa) (di	21e. PLACE (AT HOME, STI	reet, Factory, Office, Farm, etc.)	21f LOCATION STREET  19 ond that in (my) (my) opinion	CITY OR TOWN  , to, 1  death occurred on the date and hour	9 55, that (II) and from the causes	(we) los
MEDIC	WHILE NOT WHILE AT WORK  22a.1 certify that (1) 4 sow the decease above, (1) (mg) (d)  22b. SIGNATURE	21e PLACE (AT HOME, STI	reet, Factory, Office, Farm, etc.)	21f LOCATION STREET  19 ond that in (my) (****) opinion  DEGREE  ATTENDING PHYSICIAN	, to	9.53 , that (I	(we) los
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23a	WHILE NOT WHILE AT WORK  27a.1 certify that (I) 4 saw the decessed obove, (I) (was (di) 27b. SIGNATURE  27d. PHYSICIAN'S NA/	21e. PLACE (AT HOME, STILL AT HOME,	e deceosed from 19 9 19 19 19 19 19 19 19 19 19 19 19 1	21f LOCATION STREET  19 cond that in (my) (my) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	, to	9 , that (I and from the causes	(we) los stoted

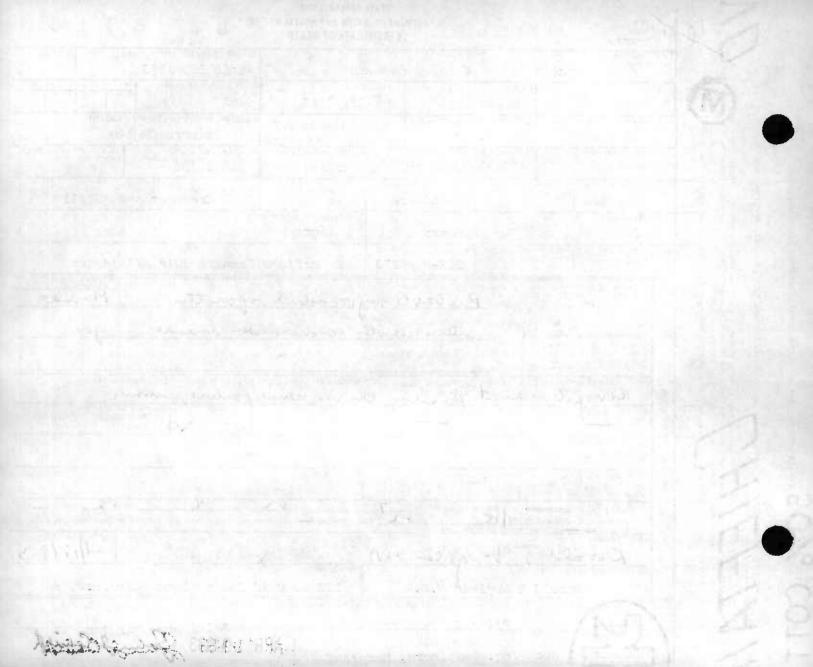
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etained by the hospital or attending physician.

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. MPORTANT: If Hem 21 is marked at flem, 18 shows any injury, at other traumatic event, the medicol examiner must be natified



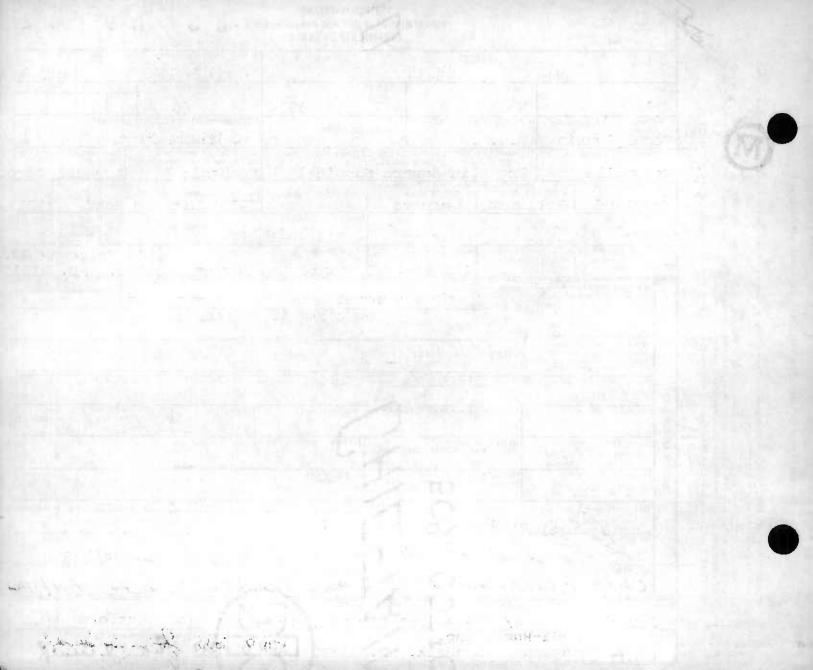
1630 Edmondson Avenue, Cetonsville, Md. 21288

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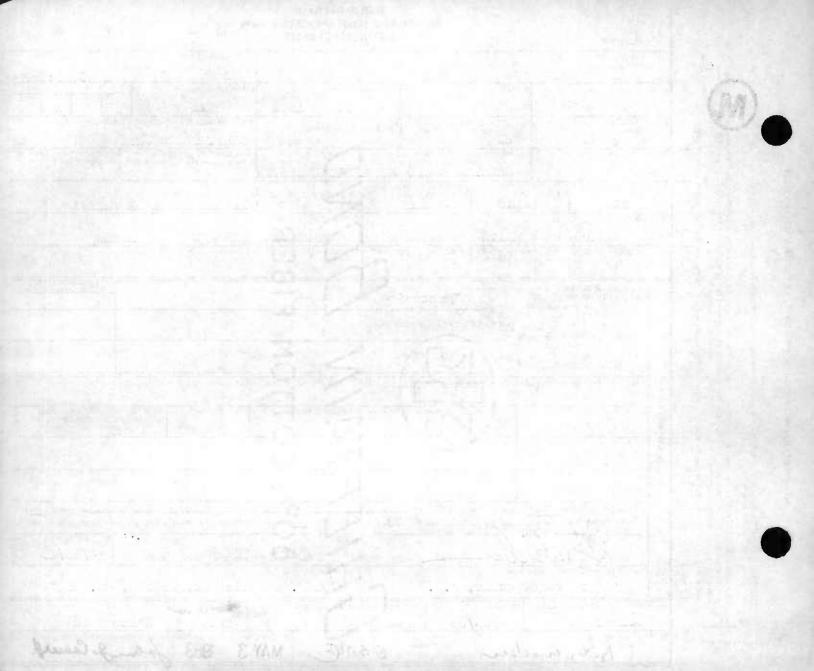
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) HARPER 1, 1983 8:00 April John IF UNDER TYEAR 1. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH YEAR 1914 Male White 5 68 JE BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Pennsylvania WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rossville Franklin Square Hospital Mechanic Arundel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Edgemere Maryland 3119 Whiteway Road 21219 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE E. Elizabeth Harry Harper Mitchell 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Whiteway Rd. 212-09-4307 Nannie Lou Harper Balto., MD. 21219 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Respiratory arrest secondary to carcinoma of the colon with metastases Conditions, gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March 220.1 certify that 14 (this haspital) attended the deceased from. Q2, and that in (mk) (our) opinion death occurred on the date and hour and from the couses stated 226. SIGNATO DEGREE 22c DATE SIGNED un M. Di ATTENDING MEDICAL DIRECTOR PHYSICIAN Z 224. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS d b 9000 FRANKlin Square 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Harford Burial Bel Air Mem. Gdns. Bel Air 24. FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 251 DHMH - 16 50M 4/82 7922 Wise Avenue APR 6 Dundalk, MD. 21222 (VRA 15, 4)



					STATE OF	MARYLA	ND				
		FOR STATE REGISTRAR			CERTIFICA			REG. N	0	9 1	8 3
		CEASED NAME FIRE OR PRINT]	ST	MIDDLE	LAST		118	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
		BAB	Y	BOY	HAH	RRISON		4	21	1983	3:26P
	3. SE	X	4 RACE		5. DATE OF BI	DAY	YF A P	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	0	M	W		4 2	21	1983	XXX	YRS.		2
5%		RTHPLACE (STATE OR FOREIC	N 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVED AA	ADDIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	1000
()		MD	US		WIDOWED		ORCED [	BALTIMORE	COUNT	Y	N
OT	OWS	ON MD	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET ER BALTIN	ADDRESS			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C		12b. KIND OI INDUSTRY	F BUSINESS O
1	USU	AL RESIDENCE (IF NURS		, GIVE RESIDENCE BEFORE	ADMISSION)						0-1-1-2
(5	130.	MD	BALTO	PHOENIX		INSIDE CIT	Y LIMITS?	13e STREET ADDRESS  11 DALEBRO	OK DR	21131	
1	14. F.	ATHER'S NAME					MAIDEN NAM		OR DR	21131	
31	V	RONALD	KEITH	HARRIS	SON	PAT	RICIA	ANN	7.0	YRES	
70	16e. V	WAS DECEASED EVER IN U		16b SOCIAL SECU		INFORMAN		ADDRE		LKES	
1	(	YES, NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)								
/		18 CAUSE OF DEATH (Er PART I, DEATH WAS C	ter only one cause pe	line for (o), (b), on	d (c).)					APPROXIV BETWEEN C	MATE INTERVAL ONSET AND DEATH
			EDIATE CAUSE (0)	Immatur	ity						
		7651	DUE TO, O	R AS A CONSEQUE	ENCE OF					- 1207	
		Conditions, if ony, whi	ch ( (b)			5.64					
		gave rise to immedia couse (a), stating t		R AS A CONSEQUE	NCE OF			9455-115			
		underlying couse lo		K AS A CONSEQUE	INCE OF						
	z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO L	DEATH BUT NO	RELATED T	O THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	)1
-	CERTIFICATION	190. DATE OF OPERATION	Tiek CONID	ITION FOR WHICH	OPERATIONIW	AC DEDECOR	AAED.	1 20a AUTOPSY?	Tank 15 VES	, WERE FINDIN	IC C LISED
1	SE	THE DATE OF OFERATION	178 COIVE	morrok willen	OF ERATION W	ASTERIOR	MED		IN CERTIFY	YING CAUSES	OF DEATH?
-	E .	21a. ACCIDENT WAS UNDERLYI	NG □ 21b. TIME C	SE INTRIPLY	121.	HOW INTO	IBV OCCURR	YES X NO		<b>X</b>	NO 🗌
/		OR CONTRIBUTING CAUSE		M. MONTH D	AY YEAR	7. 11O AA 1143(	JKI OCCURR	ED (ENTER NATURE OF INJUI	PY IN ITEM 18 PA	RT I OR PART 2)	
	S	(IF EITHER NOTIFY MEDICAL EX		M.	19						
	MEDICAL	216 INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		LOCATION STREET	4	CITY OR TO	WN	COUNTY	STATE
	-	AT WORK NOT WHILE									
		220.1 certify that (1) (this			4/21		. 19. 83			1983, 1	
		sow the deceosed oli obove, (V (ve) (did) (	ve on 4/21	ofter death.	83_, ond th	at in (my) (g	our) opinion d	leath occurred on the de	ate and hour	and from the c	couses stated
		22b. SIGNALUTY	1 11		DEG	REE	-	71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		22c. DATE S	SIGNED
		Kou	Mila			AT P	TENDING TYSICIAN	MEDICAL STAI	IAN X	4/2	5/83
1		22d. PHY ICHAR NAME	(TYPE OR PRINT)		220	e. ADDRESS		J VIII DICE			
/		Rudiger Br	eitenecker	, M.D.	18	6701	N. Ch	arles St, I	owson.	Md. 2	1204
	230	BURIAL, CREMATION, REM			NAME OF CEME			1236 LOCATION			
		(SPECIFY) Cremation		200		JENT OR CR	LMATORT	CITY OR TOWN	D - 1 .	YINDO	STATE
	_	UNERAL DIRECTOR	4/25	/03	GBMC		125c 0 475	Balto REC'D. BY REGISTRAR	Balt		
	1		weben !	ADDRESS	BESS	400	MAY		I A CONTRACTOR	Q. C	
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10	11-	FOR STATE REGISTRAR						AND MENTAL I		1 0	0	9 1	8 ව
(a)	1. DE	CEASED NAME	FIRST		anor			LAST		DATE KNOV	G, NO. MON	TH DAY YEA	R 2b HOUR
ET SS		Α	nne	12.5	D.			ırtman		OF ESTI		0/83 19	м
RY, P.E.S. DIRECTES OUR FILE 72 HOUR	3 SE)		nite	Mar.1,19		6 AGE (IN YE.	MONTH		MIN. PF	RONOUNCED	-	0/83 19	8:15° P M
S NECSSARY, REUSSARY, REUNERAL DIRECTOR YOUR D. WITHIN 72 HW. PRESTON ST	7a. B	RTHPLACE (STATE OR DEEDER COUNTRY) Pittsburg	3	76. CITIZEN OF WE	AT COUN	ITRY?	8. MARRI WIDOW	EDXINEVER MARR	RIED L		ore Co	unty of DEATH	MD.
LAY IS NE OTHE FUND PAGE 5 SO W.		arkville	ATH				-EOR MO	USUAL OCCUPATION (TYPE OF WORK 12h KIND OF NOST OF WORKING LIFE) OR INC			BUSINESS		
RE, MD. 21201 FEATH. IF ANY DELAY IS NI SES 1, 2, AND 3TO THE FU A PM. 3. RETAIN PAGE 5 AND 2 SHOULD BE FILED. FUTAL RECORDS. 201 W.	13a. S		rsing home o 13b. COUNT Balt	ROTHER INSTITUTION GI	VE RESIDENCI	OR TOWN	ON)			TADDRESS inia To	wers A	21 pts.Tows	.204 son,Md.
MD. 17. 2, 2, 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
0 005 0 -	William	INITIS ADA	E.	Du	nningto	on	Mary	<b>y</b>	ADI	)DESS	0'Tol1	2	
LTIM FERA SION	(YES, NO. OR UNKNOWN) (# YES, GI			WAR OR DATES)								danaan Du 2121	
HOURS A M 18. GIV NG WITH RMIT. PA FINE, DIVIS		18 CAUSE OF DEAT PART I DEATH W	H (Enter and AS CAUSED		for (a), (b				W. Har	tman 56	48 P10	APPROXIM	ATE INTERVAL
RESTOR HIN 24 IN ITE R ALOT VSIT PER HYGIE EMOVA	7	Canditions, if		E CAUSE (a)		NSEQUENCE (			die				
L RECORDS, 201 W. PRESTON 51., ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN ITEM 18. F. MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEATH AND MENTAL HYGENE, D AL, CREMATION, OR REMOVAL.		gave rise to cause (a) stating lying cause lost.		DUE TO, OR	AS A CO	NSEQUENCE (	OF .						
SS, 20 G/ IN G/ IN SURI AND ATION		PART 2 OTHER SIGNIFICAN	T CONDITIONS (	ONTRIBUTING TO OF ATH	RIFT NOT PEL	ATEN TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	APT 1 (m)				
S A B C S A B	N C			THE PROPERTY OF THE PROPERTY O	DOT NOT REE	NITO TO THE TERM	INAL OISLAS	OK CONDITION DIFER IN FA	AKI TIGI.				
DIVISION OF VITAL REG WER: THIS CERTIFICATE SHOULD I CATE, WRITING THE WORD, "PER FORWARDED TO THE CHIEF MA OR: BAGE 3 SHOULD BE USED A MESTATE OEPARTMENT OF HEA NAD, 21201 PRIOR TO BURIAL, CI	MEDICAL CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDI	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				20 AUTOP	
ME SE	CERT	210. EXTERNAL CAU		21h. TIME OF		DAY MEAN	21c HO	OW INJURY OCCURRE	ED (ENTERNA	TURE OF INJURY IN I	TEM 18 PART 1 OF		140 []
ON THE CALL	S	UNDERLYING X	OR CAUSE OF D	EATH 8:00 M	4/30		pas	senger in	auto/	fixed o	bject	collisi	on
DIVISION OF VITAL IS CERTIFICATE SHOUL RRITING THE WORD " RRDED TO THE CHIEF GE 3 SHOULD BE USE GE 3 SHOULD BE USE TO PRIOR TO BURRAL 201 PRIOR TO BURRAL	MEDI	214 INJURY OCCUR WHILE NOT AT WORK AT W	WHILE X	SMEET, FAC	road	IC)	5	CATION TREET TILL Rd. ne	earCro	CITY OR TOWN		.Parkvi	STATE
RE TH		73s I certify that		e of the remains des		ove, held/on/	Autop			Inquiry .	ond in my		110,110,
L EXAMINER: E CERTIFICATE OULD BE FORV H. WITH THE S. MARYLAND.	1	death resulted traff	V19.	of couses	oficifican	X.//su	icide 📗	, Hamicide .	Undeter	mined monner			
ITHE CER SHOULD ERAL DIR EATH, WI		ACTUAL SIGNATURE	Maj	May )	M	de		Deputy Cl	hiefedic	AL EXAMINER	DA <sup>1</sup> SIG	TE 5/2	/83
TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR AFTER DEBECTOR. AFTER DEBETH WITH THE BALTIMORE, MARYLAND	re va	EXAMINER'S NAME (TYPE OR PRINT)	TH	nomas D.	Smith	, M.D.		ADDRESS 111			to., M	d. 2120	1
	23a.B	URIAL, CREMATION, F SPECIFYL Burial	REMOVAL 2	3b. DATE 5/5/83		NAME OF CEA		R CREMATORY	Palt	ATION TOWN	C	OUNTY	STATE
BP	24. F	UNERAL DIRECTOR						250 DATE			REGISTRAR'	S SUCH AMORE	
DHMH - 17 (VR A15 ME (5))	Mit	chell-Wie	defelo	Home-65	00 Y	rk Rd.	212	12 MAY	REE'D. BY	300	-		
20M 4/B2													

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40 N		EASED NAME	FIRST		WIDDLE	17.	LAST	20. DATE OF	KNOWN XX MONT	H DAY YEAR 26. HOL
			Lisa		М.	Ha	artman		MATED 4	5 19 83
	J. SEX		I. RACE	5. DATE OF BIRTH	6. AGE (IN		DER I YR. IF UNDER	24 HRS. 2c. DATE	MONTH ICED	3.0
		male	White	11 17	82	YRS. 4	19 N/A NEVER MARRI	DEAD	4	5 1983 D
E.	FOR	RTHPLACE (STA		76 CITIZEN OF W		8. MARR		ED 7. BALIM	ORE CITY OR COU	
		laryland		U.S	.A. SPITAL, NURSING HO	WIDOW			imore Cou	177,
	-		1	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRES	S)	ek ingili oli oli	FOR MOST OF WOR		OR INDUSTRY
	USUA	1to He	F IN NURSING HOME	OR OTHER INSTITUTION, C	Twin Circl	SSION)		N/A		N/A
I	13a. ST	ryland	Balt	imore	Balto. H	olde	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	ss win Circle	21227
I		THER'S NAME	Dail			gras.	15 MOTHER'S MAIDE	N NAME		
I	1	Billie		M	Hartman		Linda	M	IDDLE	Mellon
	16a W		EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	
I		N/A	(IF TES, GIV	WAR OR DATES	None		Billie M.	Hartman :	31 N. Twin	n Circle,2122
		18 CAUSE OF	DEATH (Enter o	nly one cause per lin	e far (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (0)	Asphyxia					DETWEEN GIVEN AND DEN
	7	713	INVINEDIA		R AS A CONSEQUENC					
			, if any, which							
	-		to immediate	· · ·	246460000000000000000000000000000000000					
		lying caus		DUE 10, OI	R AS A CONSEQUENC	E OF				
		BART D OTHER CIC	ALFICANT COMPLETIONS	(c)						
	z	PART Z UTNEK SIG	MIFICANT CONDITION:	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E DR CONDITION GIVEN IN PAR	T 1 (a).		
Į	NT O	19a, DATE OF (	PERATION	119h COND	ITION FOR WHICH OF	FRATION W	AS PERFORMED?			20. AUTOPSY?
ŀ	FIC									
		The same of the sa	665	21b. TIME C	FINIURY appro	V 21r H	OW IN HIPV OCCUPAGE	D LENTER NATURE OF INI	URY IN ITEM 18 PART I OR I	YES XX NO
	ERT	210 EXTERNAL	CAUSE WAS							
	AL CERTIFICATION	UNDERLYING	XXOR		MONTH BAT TO				IIndan - 1	Blankst
	DICAL CERT	UNDERLYING CONTRIBUTIN	XXOR G CAUSE OF	DEATH 12 45P.	A. 4 5 19	83 st	ıb iect asoh		Under a l	Blanket
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY O	XXOR G CAUSE OF CCURRED	DEATH 12:45P.A	A. 4 5 19 OF INJURY (AT HOME TORY, FARM, ETC.)	83 st	bject asph	yxiated CITY OR TO	WN C	OUNTY STATE
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY O	XXOR G CAUSE OF	DEATH 12:45P.A	A. 4 5 19 OF INJURY (ATHOME	83 st	bject asph	yxiated CITY OR TO	WN C	
1	MEDICAL CERT	UNDERLYING CONTRIBUTIN 214. INJURY OF WHILE AT WORK	COURRED NOT WHILE X	DEATH 12:45P.A  21e PLACE STREET, FAC	A. 4 5 19 OF INJURY (AT HOME TORY, FARM, ETC.)	83 st	bject asph	yxiated ircle,Bal	WN C	alto Co Md
7	MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22d. I certify	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  that I took chor	DEATH 12 45P.M 21e PLACE STREET, FAC ge of the remoins de	A. 4 5 19 OF INJURY (AT HOME STORY, FARM, ETC.) HOME scribed obove, held of	83 st 211 LO 31	Ubject asph	vxiated  crity OR TOV  ircle, Ball  Inquiry	to.HgldsB	alto Co Md
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 214. INJURY OF WHILE AT WORK	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  that I took chor	DEATH 12:45P.A  21e PLACE STREET, FAC	A. 4 5 19 OF INJURY (ATHOME STORY, FARM, ETC.) HOME	83 st	Diect asph CATION TREET . N. Twin C sy XX, Inspection Hamicide	yxiated ircle,Bal	to.HgldsB	alto Co Md
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 71d. INJURY OF WHILE AT WORK  22d. I certify	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  that I took chor	DEATH 12 45P.M 21e PLACE STREET, FAC ge of the remoins de	A. 4 5 19 OF INJURY (AT HOME STORY, FARM, ETC.) HOME scribed obove, held of	83 St 211 LO 31 Autop	Diect asph CATION TREET . N. Twin C sy XX. Inspection . Hamicide	ircle Bal	to.HgldsB	alto.Co., Md.
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22d. I certify	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  that I took chor	DEATH 12 45P.M 21e PLACE STREET, FAC ge of the remoins de	A. 4 5 19 OF INJURY (AT HOME STORY, FARM, ETC.) HOME scribed obove, held of	83 St 211 LO 31 Autop	Diect asph CATION TREET . N. Twin C sy XX. Inspection . Hamicide	vxiated  crity OR TOV  ircle, Ball  Inquiry	to.HgldsB	alto.Co.,Md.
	MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22d. I certify ACTUAL SIGNATURE EXAMINER'S N	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  That I took chor Natural	DEATH 12 4 5P.M.  21e PLACE STREET, FACE  ge of the remoins de tral causes	A. 4 5 19 OF INJURY (AT HOME STORY, FARM, ETC.) HOME scribed obove, held of	83 St 211 LO 31 Autop	Ibject asphoration  TREET  N. Twin Co  Sy XX, Inspection  Hamicide  TITLE (SPECIFY)  D. Assistan	ircle Bal Inquiry Undetermined mo	to.HgldsB  , ond in my o	alto.Co., Md.
	WEDICAL 236 BG	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22d. I certify ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN IRIAL, CREMAT	XXOR G CAUSE OF CCURRED NOT WHILE X AT WORK  That I took chor Natural	ge of the remains de tral causes of the same of the sa	A. 4 5 19 OF INJURY (AT HOME STORY, FARM, ETC.) Home Scribed obove, held of Accident XXI.	83 St 211 LO 3 Autop 8uicide	Ibject asph CATION TREET  N. Twin C  sy XX, Inspection Hamicide TITLE (SPECIFY) D. Assistan  ADDRESS	vxiated  ircle Bal  Inquiry  Undetermined mo	to.HgldsB  ondinmyonner  DATI	opinian  ENED 4-6-83
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The site of the second departing whall a given a series of 

FOR

BP URIA BALTO. DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

COUNTY

22c. DATE SIGNED

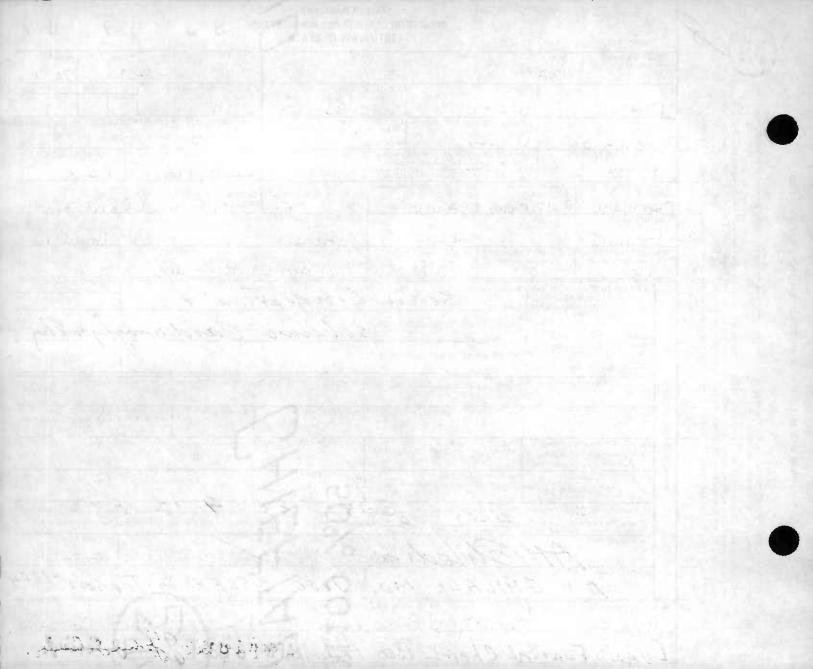
4-12-83

IF UNDER 1 YEAR

INDUSTRY

7:05am

IF UNDER 24 HRS



4/25/83

**GBMC** 

ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

IF UNDER 24 HRS

983

IF UNDER I YEAR

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Day

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256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 3

22c. DATE SIGNED

4/25/83

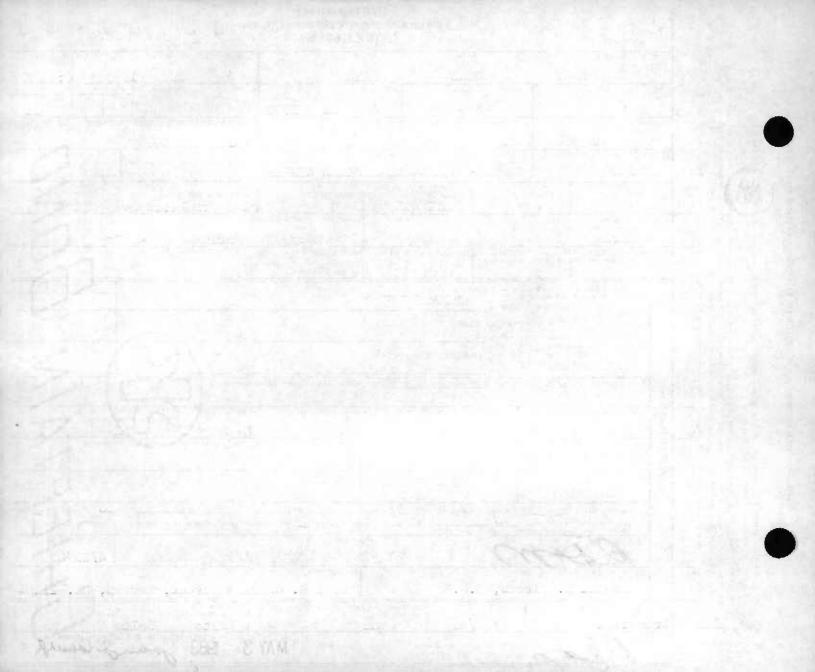
DHMH-16 30M 2/80 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR

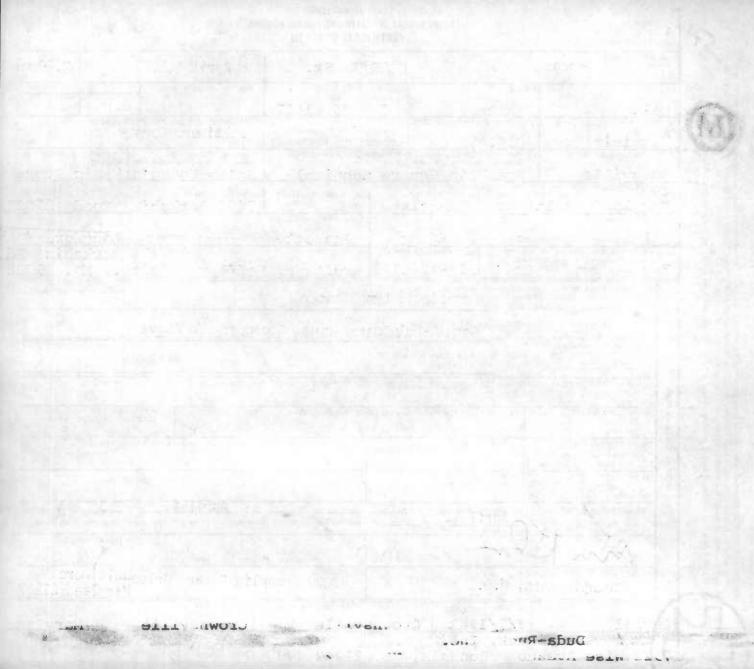
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REGISTRAR

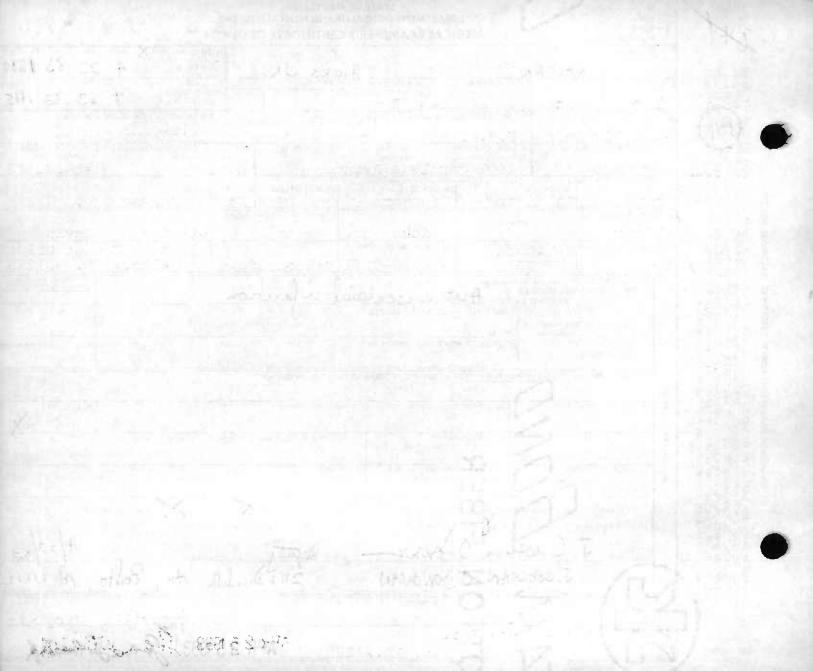


(VRA 15, 4)

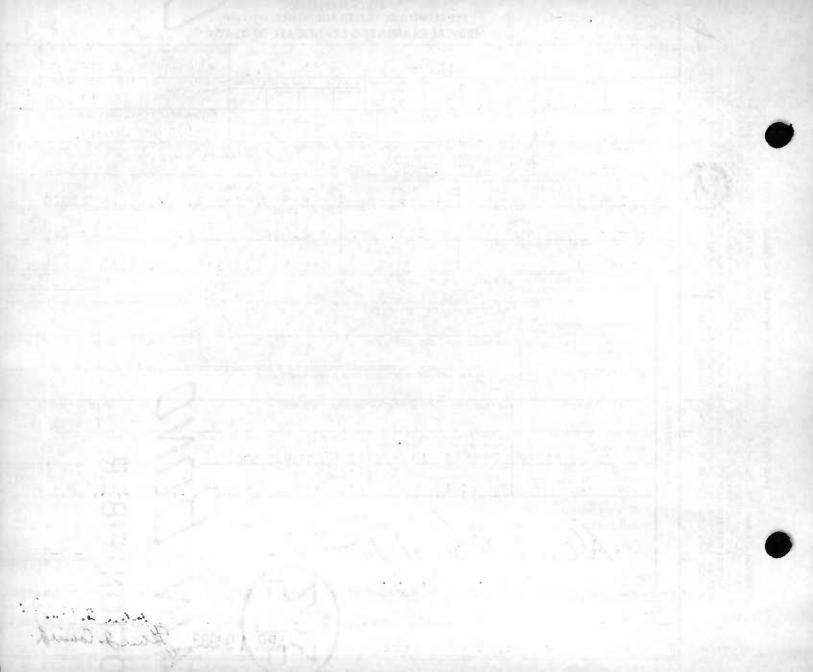
STATE OF MARYLAND



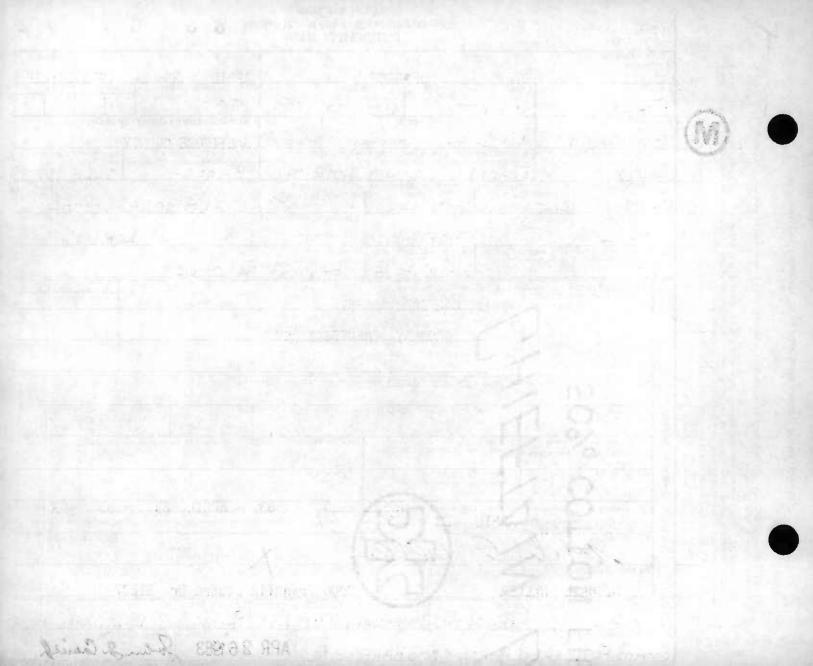
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR . DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-1500 R FILES.
HOURS WALTER DEATH MATED 2d HOUR 3. SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY 1815 3 PRONOUNCED DEAD 22 White 16 61 Male YRS BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County West Virginia U.S.A. WIDOWED DIVORCED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Loader Beth.Steel 2407 Edgemere Carolyne Avenue SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 30 STATE 136. COUNTY 13c. CITY OR TOWN T3d INSIDE CITY LIMITS? Baltimore Edgemere Carolyne Ave. 21219 Maryland NO T 2407 44 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Hicks, Lillian Walter Davis Sr. Matte 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 2521 Lodge Forest Drive DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto., MD. 226-18-3501 Hilton Hicks Yes WW 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSPOUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: THIS C.
ICATE. WRITING II.
E. FORWARDED TO THE C.
TOR: PAGE 3 SHOULD BE UT
TOR: PAGE 3 SHOULD BE UT
TOR: PAGE 10 SHOULD BE UT
TOR TOR TOR UT
TOR YES 🔲 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21f LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE EXECUTE THE CERTIFICATE, WRII PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted fram Notural causes AFTER DEATH, BALTLAORE, M. DATE MEDICAL EXAMINER TYPE OR PRINT 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 4/26/1983 Oakwood Charlottesville 24 FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH - 17** 25 (VR A15 ME (5) 7922 Wise Avenue Dundalk, MD.21222 20M 4/82



	11011/ 1/07 10		DF MARYLAND		
1/1	FOR UNK.#83-19		LTH AND MENTAL HYGIE	75 .5	9 1 9 1
	REGISTRAR		S CERTIFICATE OF DE	ATH REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN M	NONTH DAY YEAR 26 HOUR
	George	Clinton	Hill Jr.	DEATH MATED	4 1619 83
0	EX 4. RACE		FUNDER 1 YR. IF UNDER 24 HRS	2c. DATE MC	ONTH DAY YEAR 24 HOUR 5:30
	Male Black	4 6 52 31 YRS.	, MIN.	DEAD	4 16 19 83 D. N
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8. N	ARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	Maryland	U.S.A.	DOWED DIVORCED		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		SUAL OCCUPATION (TYPE OF A	WORK 126 KIND OF BUSINESS OR INDUSTRY
-	Pikesville /	Old Court & Ruxton R		A MOST OF HORKING LIFE!	ON IN DOOTK!
US	UAL RESIDENCE (IF IN NURSING HOME OF STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e. ST	TREET ADDRESS	
	Maryland	Baltimore			way 21231
14.	FATHER'S NAME		15. MOTHER'S MAIDEN NAM	AF	
	George	C. Hill, Sr	. Willie	A.	Davis
160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SECURITY NO		ADDRESS	Davis
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES)	George C	Hill, Sr. 1	743 E Federa:
-		y ane cause per line for (a), (b), and (c).)	T George C.	11111, 51. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH, WAS CAUSED	BY: Gunchot wound	of Head (line	pecified)	BETWEEN ONSFT AND DEATH
	9654 IMMEDIATI	DUE TO, OR AS A CONSEQUENCE OF	71 11000 10115	pecifiedy	
	Conditions, if any, which	551.5,5,1,5,1,6,1,6,1,6,1,6,1,6,1,6,1,6,1,6,			
	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF			
	lying cause last.				
1	PART 2 DINER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	SCLECK OR CONDITION ONCH IN BARY 1		
2	_	PATRICULAR OF DEATH BOT NOT RELATED TO THE TERMINAL (	ISEASE OR CUMUITIUM GIVEN IN PART 1 (a),		
CEBTICICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
100		The Condition of Which of Example	TY WAS I EM ONMED!		
- 5	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY ACT 12	It. HOW INJURY OCCURRED TENTE	DAIATURE OF INIMINA IN ITEM TO SART	YES XX NO [
		HOUR A.M. MONTH DAY YEAR			TOR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF D	T 10 17 001	subject was sho	†	
127	WHILE NOT WHILE XX	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	· COUNTY STATE
	AT WORK AT WORK		Old Court & Ruxt	on Rds.,Balto	.Co., Maryland
	22a I certify that I took charge	of the remains described above, held an A	utapsy XX, Inspection .	Inquiry , ond in	my apinian
	death resulted from Natura	al causes Acadent , Spicide	F 201	etermined manner .	
	600	" ATA MAN	TITLE (SPECIFY)		
	SIGNATURE VELLE	in Done 11/1	Assistant ME	EDICAL EXAMINER	DATE 4-17-83
		5 6 1 11 5			
-	EXAMINER'S NAME DE	ennis F. Smy#h, M.D.	ADDRESSIII Pe	nn Street	
230	BURIAL, CREMATION, REMOVAL 23	b DATE 23c. NAME OF CEMETE		LÔCATION TY OR TOWN	COUNTY STATE
	SPECIFY) BURIAL	4/21/83 Baltimor	The beautiful transfer and the second of the	altimore "	Md.
24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 251 FEGISTRA	AR'S SIGNATURE
W	m C March F/H	Inc. 1101 E North	Ave. APR 1	9 1983 John	De country



				STATI	OF MARYLAND		
	1.	FOR			EALTH AND MENTAL HY	GIENE 8 3	09192
V		REGISTRAR			ICATE OF DEATH	REG. NO.	
, m.e		CEASED NAME FIRST OR PRINT)	MIDDLE	1	AST	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
noy be poge 3		RO	BERT	HOFEMANN		APRIL 23	1983 12:21P M
e bo	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HRS
ge 4	C	PALS	WHITE	DEC	. 22. 1892	190	YRS.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
	G	IRMANY	U. S. A.	WIDOWE		BALTIMORE (	COUNTY MD.
1 121	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		R OTHER INSTITUTION	128. USUAL OCCUPATION	
10 s of	5	SSEX	FRANKLIN	SQ UARE	HOSPITAL	BAKER	SELF EMP.
hour p	USU	AL RESIDENCE (IF NURSING HOME OF TATE 1136. COU	ROTHER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21234
No object	-	ARYLAND BALT		KVILLE	YES NO NO	8721 Avo	
4 17 F		THER'S NAME			15. MOTHER'S MAIDEN NA	AME	
D die	1	PAUL	MIDDLE	FMANN	FIRST	WIDDLE	LORENZ
		VAS DECEASED EVER IN U.S. AI	MED FORCES? 166 SO	TAL SECURITY NO.	17. INFORMANT	ADDRESS	
BALLIMORE, cate be execut appers. Pages val.		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	102393	Family	RECORDS	
e be concion		18 CAUSE OF DEATH (Enter o	alu ana sausa par lina far i		111111111111111111111111111111111111111	NZ CONDO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BAL ertificate g physici conpoper removal.		PART I. DEATH WAS CAUS	D BY:		EST		BETWEEN ONSET AND DEATH
	-21	4110 IMMEDIA			E21		
death ce atending ove carb		Conditions If any bist	DUE TO, OR AS A C		CHECTOTENCY		
the deat		Conditions, if any, which gove rise to immediate			SUFFICIENCY		
£ >00±		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF			
2 2 2 2 2		PART 2. OTHER SIGNIFICANT	(c)	TING TO DEATH BUT	NOT DELATED TO THE TERM	ALLAN CONTRACT OR CONTRA	TICAL CIVISAL IN DARY 1
rus, y	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBO	TING TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR COIND	ION GIVEN IN PART ITS
ow rec	A	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
hos the	FF						IN CERTIFYING CAUSES OF DEATH?  YES  NO  NO  NO
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	hand hand
ON OF VITA HYSICIAN: The ding physicic is certificate buriol-transit mental Hysis	_	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR			
HYSIC1/ nding p his certif buriol- d Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJUI	19	21f. LOCATION		
DIVISIO DIVISIO DIVIGE PHY After this t as the builth and M Inh and M	₩.	WHILE   NOT WHILE	(AT HOME STREET, FACTO		STREET	CITY OR TOWN	COUNTY STATE
ENDING PL al or offer th OR. Affer th r use as the Health and is marked		220.1 certify that (1) (this hosp	ital) attacided the decay	ed from APRTI	23 19 8	3 to APRIL 2	23 19 83 that (X (we) lost
OR: OR: THe							that (K (we) lost and hour and from the causes stated
OR ATTEN te hospital DIRECTOR: oched for us Dept. of He		saw the deceased alive of above X I) (we) (did) (did) 77b. SIGNATURE	ot wiew the body after dea	oth.	DEGREE		226. DATE SIGNED
OR Phe H		AM.	. 0	1000.	ATTENDING	MEDICAL STAFF	
HOSPITAL ined by the FUNERAL vid be detent to the Stote ORTANT:		220, PHYSICIAN'S NAME (TYPE	rene y	tee	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSICIA	IN []
HOSPIT							
TO HOSPITAL OR AT retained by the hosp to FUNERAL DIRECT should be detached it with the State Dept. (IMPORTANT: If them.)			ELLER	A MEET LINE		in Square Dr	21237
		BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	13	URIAL	APR:126199	331 loreLA	AND I IEM. TAR	KITARKVILLE	BALTIMORE MO.
DHMH - 16 50M 4/B2	24. F	JNERAL DIRECTOR	1	ADDRESS .	A DI	R 261983	REGISTRAR'S SIGNATURE
(VRA 15, 4)	2	VANS FUNIRA	L CHAPIL P		ORD RD. API	40 1303	oung wanty



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nay be page 3 r death		ECEASED NAME FIRST PE OR PRINT) FR		Z.	HOG	AN	2a. DATE OF DEATH	MONTH DAY 4 29		11:05PM
Page 4 mar ector, po	3. S	EX M	4. RACE W		S. DATE OF B	, 1909	6. AGE (IN YEARS LAST B	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
de of h. P.	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WH		WIDOWED [		9. BALTIMORE CITY Baltimor	e Count	ty	M
by th	8 1	OWSON	Saint	Joseph I	Hospit	other institution	(TYPE OF WORK FOR MOST Contracto	OF WORKING LIFE)	INDUSTRY	trical
n 24 hou filled in hould be	2		OR OTHER INSTITUTION, GIV JNTY Limore	E RESIDENCE BEFORE ALL CITY OR TOWN Baltimo	re Y	d. INSIDE CITY LIMITS?		Charle	s St.	2121
completely s I and 2 sh	b		Hogan	LAST			ollie Dever		LAST	T-
ician and ceers. Pages 1	160	WAS DECEASED EVER IN U.S. A	THE WAR OR BASES	13 10 87		Informant Irs. Gertrude	E. Hogan			rles St
ow requires that the death co been signed by the attendin min. Then please remove carb prior to buriol, cremation, air any injury, ar other traumatis.	ATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CON	S A CONSEQUENT RESULTING TO DE	ATH BUT NO			NDITION GIVEN	VERE FINDIN	NGS USED
IYSICIAN: The la ding physician. Is certificate has bund-transit per Mental Hygiene par Hem 18 shaws on them 18 shaws on the	CAL CERTIFICATION	OR CONTRIBUTION CANCE OF E	DEATH HOUR A.M. NER) P.M.	MONTH DAY	YEAR 19	1c. HOW INJURY OCCURR	YES NO	VES C		NO []
VDING PF or attenthuse as the lealth and	MEDICAL	22a.1 certify that X (this has	pital) attended the d	eceosed from	IM, ETC )	IL LOCATION STREET	CITY OR T	29/, 19.		state that (we) los
TAL OR ATTEN by the hospital RAL DIRECTOR: detached for us tote Dept. of He NT: If Hem 21 is		sow the decessed alive to obove, when (did) (8)  27b. SIGNATURE	K CK		MBI	PHYSICIAN L	MEDICAL ST.	AFF ICIAN [	22c. DATE	
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State			PRA				JOSEPH SRK RD.	HESP17		MP 2
BP		Burial, CREMATION, REMOVA	23b. DATE 5/3/83			etery or crematory	23d LOCATION CITY OR TOWN Baltimon		COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		FUNERAL DIRECTOR  ITCHELL-WIEDEF	ELD HOME,	INC. 6	500 Y	ork Rd. MA		John !	2. Con	

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The state of the s		W Jack E			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO		
	ECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
(14	PE OR PRINT) POIL	3F2"	7	HO	NIGR	ERB.	4	4 11	0 93	12250
3. S	EX	1	. RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEA	AR JE UNDER 24 HRS
1	MALE		WHITE		JUL	Y 7, 1912 YEAR	EXXX	70 YRS	MONTHS DAY	YS HOURS MIN
Ta. I	BIRTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED XX	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	MARYLAND		US	SA	WIDOW	D CO ITELER MARKED		MORE C	COUNTY	٨
10 0	CITY OR TOWN OF DEA	ATH 1		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS O
4	RANDALLST		BALT	IMORE (	COUNTY G	EN. HOSP.	SALESMA			CLOTH ING
13a.	JAL RESIDENCE (# NURS STATE	136 COUNT	Υ	13c. CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRES	S		
	MARYLAND	BAL	то.	CATO	NSVILLE	YES X NO	5905 ROBI	NDALE	RD. #	#21228
14. F	ATHER'S NAME	M	IDDLE	LAS1		15 MOTHER'S MAIDEN NAM	WE			1 457
	MICHAE	L	H(	ONIGBER	RG	YETTA	MIDDLE	BRE	SCHKIN	1
	WAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT M	RS. SYLVADA	RESAFFE	RMAN	IST FL
	YES	WWII-	NAVY	242-05	5-8179	6640 SANZO	RD. BA	LTO.,	MD 21	1209
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b	ond ici i				APPRO	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED	BY:	HYI	DOTF	N310N				as Orget Ado Ocarri
	4100	MANAGORATE	1000		,					
	Conditions, if ony,	anda tada	DUE TO, O	AS A CONS	EQUENCEOF	MYOCARDII	AL IN	EADI	TIM	1.
	gave rise to imm	nediote	1b)	TOU	1.0	MAN MAN	1/1/	TONL	1/1/	1/
	couse (a), stating underlying couse		DUE TO, OI	R AS A CONS	EQUENCE OF					
	DART O OTHER CICA	UEICANIX CO	(c)							
Z	PARI Z. OTHER SIGN	TIFICANI CO	NOTITIONS CO	MIRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GIV	EN IN PART	110
MEDICAL CERTIFICATION	19n DATE OF OPERAT	10N	Tunk CONTR	11/66	-6//	N WAS PERFORMED	an autobovo	Tool of the		
FIC/	190 DATE OF OPERAT	ION	TYB CONDI	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE	ES OF DEATH?
E							YES NO		S	NO 🗌
C	210. ACCIDENT WAS UND		11b. TIME O		DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART 1 OR PART 2)	1
CAI	(IF EITHER NOTIFY MEDIC		P./	M.	19					
ED I	21d. INJURY OCCURR		21e. PLACE		FICE, FARM, ETC 1	211 LOCATION	CITY OR	OWN	COUNTY	STATE
2	AT WORK AT WOR	ILE	(AT NOME STR	EET, FACTORY, OF	PICE, PARM, ETC )	311021				JIAIL
	220.1 certify that (1)	(this hospito	l) ottended the	e deceased fr	om	. 19	, to		19	, that (I) (we) los
	sow the decease above, (1) (see) (d	d olive on_	view the hour	ollur decth	19, as	nd that in (my) (our) opinion d	death occurred on the	date and hou	ir and from th	he couses stated
	THE SIGNATURE /	1	//		1	DEGREE			22c. D.A1	TENSIGNED
	1/40	10	0	510	1 . 11	ATTENDING PHYSICIAN	MEDICAL ST	AFF	41	10/02
	224 PHYSICIAN'S NA	Ad iteration	1100	100	1	27e ADDRESS	J DIKECTOK PHTS	ICIAN	11	1900
	HARE	C7	00	VEI	m (1)	BAITIMODA	E COLIN	TU DI	e n/	1600
27-	BIIDIAL CREATION	DEMONIA	11 5	10)	22. 24.5.	STOP CHINIURE	(041)	1 196	-10	HOSP.
730	BURIAL, CREMATION,	KEMOVAL	23b. DATE ADD 1 3	7 1007		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ODE	COUNTY	ZI AND STATE
	DOMAL		APR.13	, 1983	HERKE	W YOUNG MEN	BALTIM	UKE	MARY	LAND

21215

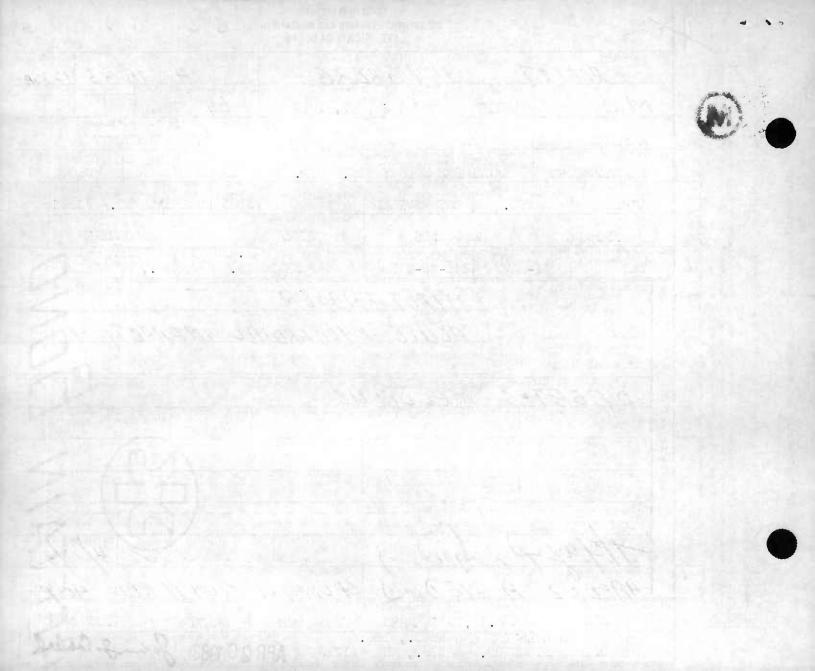
DHMH-16 50M 1/81 (VRA 15, 4)

should be detached far use as the burial-transit permit. Then please remove is with the State Dept. of Health and Mental Hygiene prior to burial. cremation,

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

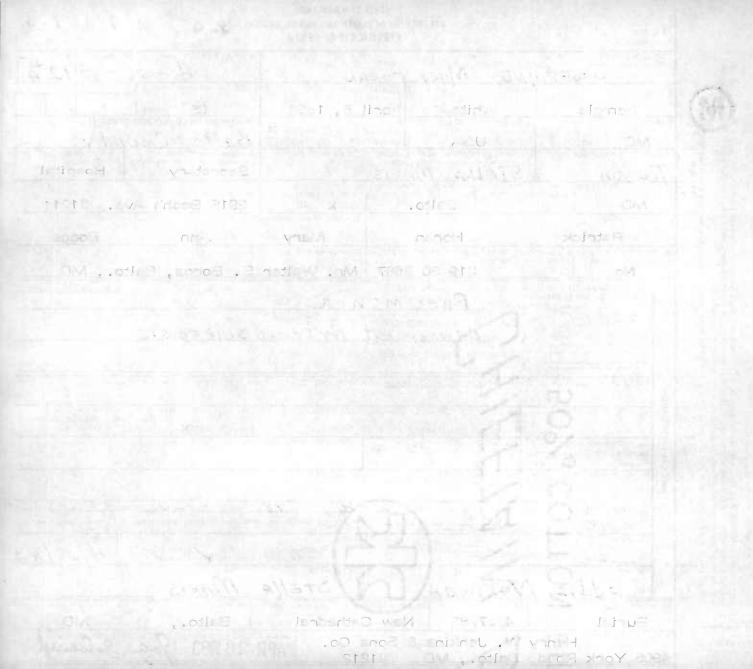
NERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD



21212

4905 York Road Balto ... MD

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME MONTH FIRST 2b. HOUR TYPE OR PRINTS Armstrong 04 83 Ethel Howick AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX 4. RACE 5 DATE OF BIRTH 16 92 06 Female Caucasian Ta. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore County WIDOWEDIX Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville Meridian Nursing Ct. Catonsville Salesclerk Dept. Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 1218 Elmridge Avenue, 21229 Baltimore Arbutus NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE LAST MIDDLE James Bea1 Armstrong Georganna ADDRESS 21229 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 058-14-8361 1218 Elmridge Avenue Charlotte A. Ruff NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o e\_ malsenne Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO OR underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS 3350 Wilkens Ave. Baltimore, MD Dr. George Angov 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

DHMH - 16 50M 4/82

FUNERAL Muld be deto

prior

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MPORTANT

(VRA 15, 4)

BP.

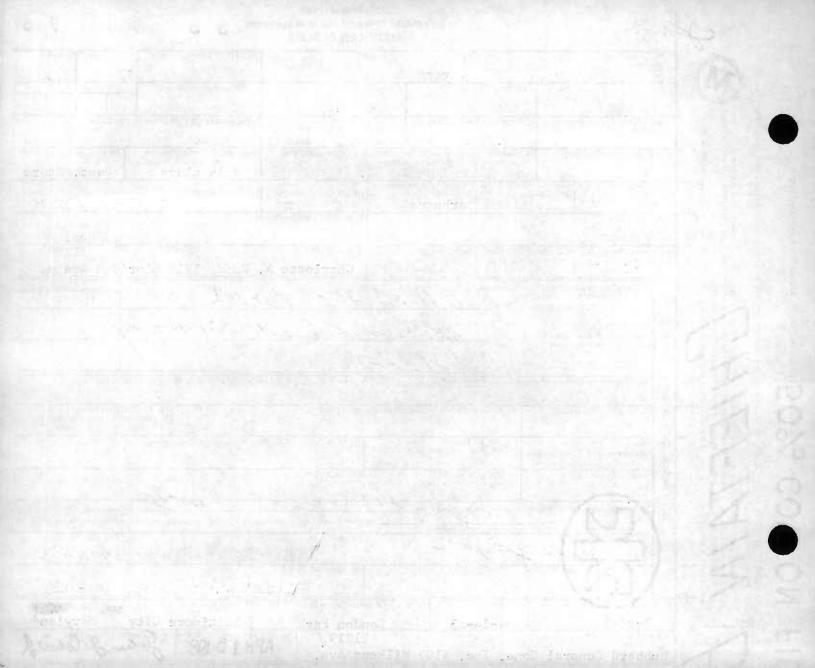
24 FUNERAL DIRECTOR

04-14-83

Loudon Park

Baltimore City Maryland

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 25a. DATE REC'D. BY REGISTRAR 25b. RECOST



STATE OF MARYLAND

FOR

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4-22-1983

Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Parkwood

1050 York Road

REG. NO

Baltimore

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2b. HOUR

IF UNDER 24 HR

NO [

Maryland

STATE

04 20 83 10:45 M		HUMPHREYS	.9 T3	MARGAR
	TOWSON			
		CHARLES STREET	6701 N.	BALTIMORE

RESPIRATORY ARREST

BRAINSTEM CEREBROV SCULAR CCIDENT

CARDIOMYOP THY

APRIL 20 83 APRIL 14

DR. LORI KARAN

	1.	FOR - STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE & S	09200
	3. SE	-emale	I. RACE	S. DATE OF BIRTH  MONTH  DAY  STAR D	20. DATE OF DEATH MONTH  4 -  6. AGE (INYEARS LAST BIRTHDAY)  78 73 YRS	DAY YEAR 26 HOUR  22 - 83 Hi 25 pm  IF UNDER LYEAR IF UNDER 24 ARS MONTHS DAYS HOURS MIN. 5.
ors after death. P. Filed within 72 to a shelled at the	10. C	IRTHPLACE (STATE OR FOREIGN 7 COUNTRY)  ITY OR TOWN OF DEATH  AL RESIDENCE (IF NURSING HOME OR C	Arlington /	MARRIED NEVER MARRIED WIDOWED DIVORCED  JURSING HOR OR OTHER INSTITUTION STREET ADDRESS)  BAPTIST NURSING CEN	12a USUAL OCCUPATION (1YPEOF WORK FOR MOST OF WORKING	MD.
secuted within 24 ho and completely filled in ges 1 and 2 should be dicoller and mengalish	13a.	AHER'S NAME FIRST  NAS DECEASED EVER IN U.S. ARM	IDDLE LA	YES NO I 15. MOTHER'S MAIDEN FIRST PEKS L SECURITY NO. 17 INFORMANT	NAME MIDDLE ADDRESS	Asher 4917 Hazel-
the death certificate be a y the attending physican is a remove corton papers. Po cemotion, or empoyal, the me that traumatic event, the me		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if eny, which gave rise ta immediate cause (o), stating the underlying cause lost.	BY: Dhe	SEQUENCE OF REMA	Sympnome,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-wks
he law requires the	CERTIFICATION			G TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
NG PHYSICIAN, T attention shysician the this certificant as the buriol frami th and Mental thys baked or this 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  AT WORK AT WORK	P,M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM I	
Trai, OR ATTENDING by the hospital or Rai DiRECTOR, a eletoched for use a detoched for use a stock Dept. of Health Mr. If them 21 is mo.		sow the deceosed alive an obove (1) (we) Unit (did not) 22b. SIGNA URE  22d. PHYSICIAN'S NAME (TYPE OR)	view the body after death.	DEGREE  ATTENDING PHYSICIAN	, to 4-22-83 on death occurred on the date and h	our and from the couses stoted  22c DATE SIGNED  4/25/83
TO HOSPITAL TO HOSPITAL TO FUNERA Whould be de with the Stots WHOSPITANT		Darold K. Bea		27e ADDRESS 11 E. Ches 23c NAME OF CEMETERY OR CREMATOR Parkwood Cemete	CITY OR TOWN	sterstown, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

Parkwood Cemetery (21236) 256. DATER 24 FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Rd.

Maryland APR 2 7 1983 John & Calard L.

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J. E. Lowell Lemmonlo W. Padonia Rd., 21093

(VRA 15, 4)

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. Had on man Pick.				

J. E. R. C. L. Server Poll C. L. School C. J. 21095 T. T. D.

TO HOSPITAL SH ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygievie prior to luvrial, chemistion, or removal.

any injury, or other traumatic

IMPORTANT: If Item 21 is marked or lyng 18 mass

completely filled in by the 1 and 2 should be filled wi

1				STAT	E OF MARYLAND					
1	FOR - STATE				EALTH AND MENTAL HYG	IENE 8 3	0	9	2 0	2
	REGISTRAR		C	ERTIF	FICATE OF DEATH	REG. N	10.		2016	Divide
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAT	YEAR	2b. HOU	R
1	Lawren	ce	H	lurd	lle	C	12	83	6:25	SP M
3 SE		4. RACE	5		OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR		\$ 4 1 INS
	Male	White		9	01 15	67	YRS.	NTHS DAYS	HOURS	MIN
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	1	WHAT COUNTRY?	AARRIE	D NEVER MARRIED	BALTIMORE CITY		F DEATH		
	aryland	USA		IDOW		Baltimore				MD.
	alto. Co.	415 1103 111 5115			or other institution terHeritage	12s. USUAL OCCUPAT TYPE OF WORK FOR MOST		12h. KIND ( INDUSTRY		ESS OR
13a	AL RESIDENCE   IF NURSING HOME STATE NO COL	OR OTHER INSTITUTION JNTY	13c. CITY OR TOWN		134. INSIDE CITY LIMITS?	13. STREET ADDRESS		501		
_	aryland ATHER'S NAME		Baltimore		YES NO I	2304 E. Ba	itimore	e St.		
	FIRST	WIDDLE	LAST		Bessie	MIDDLE	ŀ	lollow		
1	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY 218-09-250		17 INFORMANT	ADDR				
								A AMERICA	diffe by a leaved	N/AI
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY:						BETWEEN	ONSET AND	DEATH
	IMMED!	ATE CAUSE (a)	carato-res	pii	ratory arrest		1200			
	1539	DUE TO, O	R AS A CONSEQUENCE	E OF				E-		
	Canditions, if any, which gove rise to immediate	(b)	metastatic	Ca	ncer of col	ON TO La	NGS			
	cause (o), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUENCE	E OF	p.no	V LIVOR				
		(c)								
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEA	IH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART I	01	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	ERATIC	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, N	WERE FINDI	NGS USER	)
Ē						YES NO	YES		NO [	
G. B.	21a ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	VEAR	21c. HOW INJURY OCCURR	RED JENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T I OR PART 2)		
₹	OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH DAY	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM,		21f LOCATION	CITY OR TO	WN	COUNTY	61	TATE
1	AT WORK NOT WHILE AT WORK							COUNTY	31	ALE
	22a I certify that (I) (this has					_ to APRIL		,	that (I) (v	,
	saw the deceosed alive o obove, (1) (we) (did) (did)	not) view the body		2.0	nd that in (my) (our) opinion o	deoth occurred on the o	lote and hour o	and from the	couses sto	oted
	22b. SIGNATURE			T	DEGREE		111111	22c. DATE	SIGNED	
	J. M. Jumo	moy, 7	n 10.		ATTENDING PHYSICIAN	MEDICAL STA				
	224 PHYSICIANUS NAME (TYPE	OR PRINT	RALL II	3.15	22e ADDRESS				0100	
	LYDIA N	1. Van	AMOX, M	.D.	CHURCH M	USPITAL:	100 N	· BRO	bow	BY
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	BAU	our.	2/2	31
	BURIAL	4/1	6185 60	KK	HINE PARK		450			A

DHMH-16 25M (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR

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		160	tartetic car	all.	

STATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

YG	ENE 8 5 D	9	2	0	3
	20 DATE OF DEATH MONTH DA	/A	YEAR	2b. HOU	2
	04 17	7	83	12	P
			RIYEAR	IF UNDER 2	24 HR5
	67 YRS.	SHING	DAYS	HOURS	MIN.
7	9. BALTIMORE CITY OR COUNTY C	OF DE	ATH		
	BALTIMORE COU	NT'	Y		M
	120 USUAL OCCUPATION	12b.		F BUSINE	SS OF
	$ \begin{array}{c} \text{(TYPE OF WORK FOR MOST OF WORKING LIFE)} \\ HOUSEWIFE \end{array} $	INL	AT HO	OME	
	13e SIREET ADDRESS				
	704 SILVER CRE	EK	RD.	#212	208
NAM		W.			
E	MIDDLE		COL	HEN	
IR.	MICHAELPHYATT	1			
(	CREEK RD. BALTO	٠,	MD	2120	8
			APPROXIM	MATE INTERV	AL

		OR PRINTS	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Түре	OR PRINT)	ANN			H	YATT		t-	04	17 83	12 30 PM
	2. SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	-	FEMAL		CAVC	ACION	MONTH 07		/EAR	67	YRS.	MONTHS DAYS	HOURS MIN.
102	7a. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARR	urn []	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
0	Street, or other	MARYLAND	44	USA		WIDOWE	D DIVORC	ED 🗌	BALTIMO			ME
T	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		R OTHER INSTITUTI	ION	120 USUAL OCCUPAT			F BUSINESS OR
7		RANDALLST		BALT	IMORE COU	JNTY (	GEN. HOSP		HOUSEWI		AT H	OME
3	130. 5	AL RESIDENCE (IF NUR STATE MARYLAND	13b COUN		13t. CITY OR TOWN BALTIN	٧ /	13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS 704 SILV	ER CR	EEK RD.	#21208
- sil	14 FA	THER'S NAME		10 100			15. MOTHER'S MAI					
1		BENJAMI	N	WIDDIE	ORWITZ		$\overset{FIRST}{\mathbf{T}}$	LLIE	MIDDLE		CO	HEN
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	MR.	MICHAE POP	PATT		
1		NO UNKNOWN)	( IF 103, GIV	E WAR OR DATES)	217-22-7	7461	704 SIL	VER (	CREEK RD.	BALT	O., MD	21208
-		18 CAUSE OF DEAT	H (Enter on	ly one cause per							BETWEEN	MATE INTERVAL
		PART I. DEATH V		E CAUSE (a)	CARMIO	- Pul	MONA	Ry	ARRIEST	-45		
		4151	II FOR ILL DIVI		DACA CONSTOLIE	NCE OF						
		Canditions, if any	which	DUE TO, OI	PULMON		DEDEM	AL	WITH ST	OCK		
		gove rise to im	mediote	) 10)_	V- 11 11 11 11 11	100						
		underlying couse			POSSIBL		PULMO	NAR	Y EMB	CISA	M	
		PART 2. OTHER SIG	NIFICANTO	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR COM	NDITION GI	VEN IN PART 140	3
	O	Dring	etes	Mellit	ns El		nous 0	688	15			
1	CATION	19a. DATE OF OPERA				OPERATIO	WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
1	FE				_				VES NO NO		FYING CAUSES	OF DEATH?
	CERTIFI	21a. ACCIDENT WAS UN	DERLYING T	21b. TIME O	FINJURY		216 HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ			NO
0		OR CONTRIBUTING	CAUSE OF DEA	un l	M. MONTH DA	Y YEAR			LO (ENTER INABAE OF INS	DRY HATTEN TO	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
1	EDICAL	(IF EITHER NOTIFY MEDI				19						
/	WED	21d INJURY OCCUR		21e. PLACE (	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	-	CITY OR T	OWN	COUNTY	STATE
/		AT WORK NOT WE			_		2/11/11/11	360				
		22a.1 certify that (1)	(this haspit		e deceased from		4-15- 19	83	, to4 ·	-17-	19 8 2	that (1) (we) lost
		saw the deceas above, (1) (we) (	ed plive on,		ofter death	5 <u>&gt;</u> , on	d that in (my) (aur)	opinion d	leath occurred on the c	dote and ho	or and from the	couses stated
		226. SIGNATURE	/	2 . 1		[	DEGREE	1 3			22c. DATE	SIGNED
			1	774	uly		ATTEN		MEDICAL STA		4-	17-83
1		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS	- CANTA	J DINZETON CATTORIO	C1/31 4 [23]		
		DR. SU	DHII	P. D.	PATEL		Bol.	Co	unty 60	?n, /	Hosti;	tol.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

FOR STATE

REGISTRAR

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE APR.19,1983 SOL

6010 REISTERSTOWN RD.

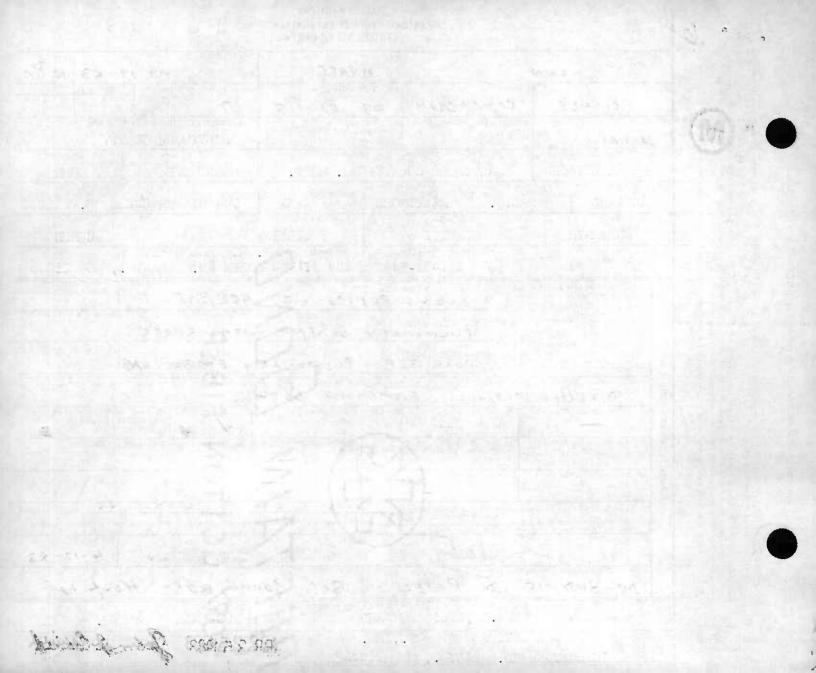
**FORBAND** LEVINSON & BROS., INC.

BALTO. MD

23c NAME OF CEMETERY OR CREMATORY

ROSEDALE

BALTO.



1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	9204
	CEASED NAME FIRST	MIDD		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2.05	5814		HYMAN	/	7	3 83 10-20PM
3 SE	MALE	4 RACE WHITE	S. DATE C	РТ. Î́5, 1904	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
	RTHPLACE (STATE OF FOREIGN COUNTRY)  RUSSIA	76 CITIZEN OF WH	MARRIE	XXNEVER MARRIED	9. BALTIMORE CITY OR COUNT BALT IMORE CO	DINTY
0. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME C		120 USUAL OCCUPATION	125. KIND OF BUSINESS OR
all.	RANDALLSTOWN AL RESIDENCE (IF NURSING HOME	BALTIMO	RE COUNTY GE  E RESIDENCE BEFORE ADMISSIONS	N. HOSP.	MERCHANT	RETAIL
13a S	MARY LAND		BALTIMORE		13e STREET ADDRESS 6620 SANZO RD	. #21209
14 FA	ATHER'S NAME HARRY	MIDDLE	YMAN	FREDA	AIDDIE	RBITT LAST
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166	212-10-5625	17. INFORMANT MR	S. SYLVIA HYMAN	MD 21209
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	HYPOTEN S A CONSEQUENCE OF EPKING S A CONSEQUENCE OF	1310N ABDOMINA	IL ANEURY	Ism .
NOI	PART 2 OTHER SIGNIFICANT	ERS 1)	ISE ASE	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	VEN IN PART 1101
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDI	2 Id INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this has	ortal) attended the de	eceosed from		to	, 19, that (I) (we) lost
	sow the deceased alive a	of) view the body offs	r death, on	d that in (my) (our) opinion o	death accurred on the date and ha	ur and from the causes stated
	The SIGNATURE feef	PIS	lyeda )	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 4/23/83
	HAFEE 2	17 34E	D	BALTIMUR	E COUNTY	BEN HOSP.
	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	APR. 25,		EMUNAH	23d LOCATION BALTIMORE	COUNMARYLANDATE

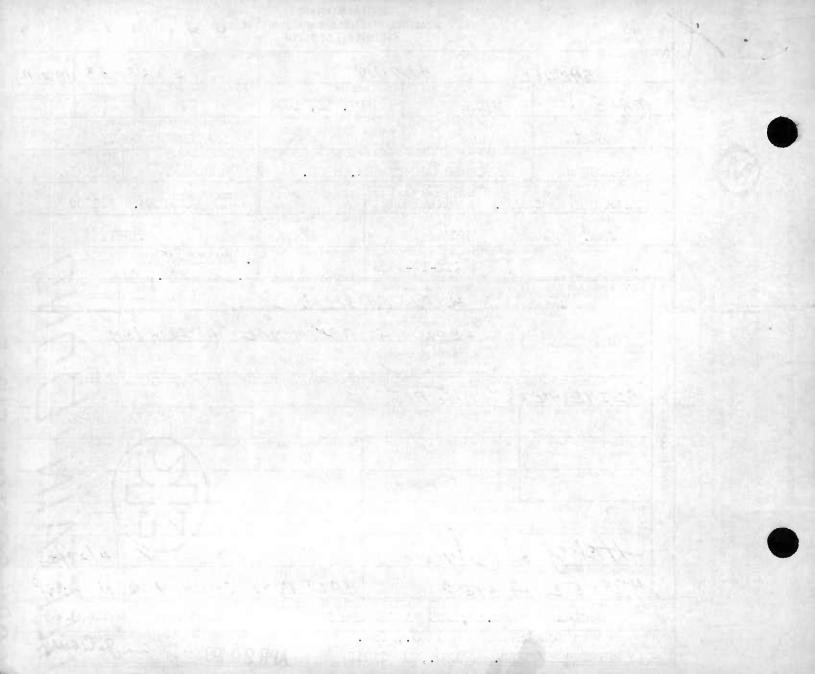
DHMH-16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Item 21 is marked ar Item 18 shows any

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO. MD 6010 REISTERSTOWN RD.

COUNMARYLANDATE



injury, ar other troumatic

MPORTANT: If them 21 is marked or them 18 shaws any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

APR 181983 Sound Comments of the Comments of t

	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. I	10.		3 31		
	CEASED NAME	FIRST	/	MIDDLE	t.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
(III)	OR PRINT)	HARRY	1300	N.	IM	HOFF			04	15	83		PM
3. SE	X		. RACE	La Company	5. DATE C		MEAD	6. AGE (IN YEARS LAST E	RTHDAY)	IF UN	HS DAYS	IF UNDER 2	4 HRS
2	MALE		WHI	TE	MONTH 9	16	°07	75	YRS		ns pars	HOURS	MINI
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	/? 8.	MEVER A	AARRIED [	9. BALTIMORE CITY	OR COUP	ITY OF	DEATH		
	ryland		U.S	.A.	WIDOWE		VORCED	BALTI	MORE	COU	NTY		MD.
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURS		R OTHER INST	ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING	G LIFE) I			
	ARBUTUS			GATEWAY		CE		Fire Fight	er	В	alto.		<u>/</u>
13a. S	al RESIDENCE (IF NUR STATE Lryland	13b COUN	imore	13c. CITY OR TO Arbuti	NWN	13d. INSIDE C	NO 🖾	13e. STREET ADDRESS 4700 Gate		Cerr		227 Apt.	D
14. FA	ATHER'S NAME FIRST Nichola		HDDLE	Imho	ff		s MAIDEN NAM FIRST rgaret	WE			Kra	use	
	WAS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17 INFORMA	NT	ADD	RESS		212	27	
1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-05-	-6533	Ruth C	. Imhof	f 4700 Ga	teway	y Te			. D
CERTIFICATION	Conditions, if ony gove rise to im couse 101, stoll underlying cous  PART 2 OTHER SIG	mediate ng the e lost. NIFICANT CO	DUE TO, OI	R AS A COMPO DITRIBUTING TO	DEATH BUT			INAL DISEASE OR CO	20b. 1F	YES, WI	N PART 100 ERE FINDING CAUSES	GS USED	
E								YES NO		YES [		NO 🗆	
EDICAL CE	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d INJURY OCCUP	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR 19	21f. LOCATIO		RED (ENTER NATURE OF IN.			OR PART 2)	\$T.	ATE
2	WHILE NOT W	HILE D	(AT HOME, STR	REET, FACTORY, OFFICI	E, FARM, ETC )	SIREET		CIII OK					
	220.1 certify that (I sow the decea obove, (I) (we)	sed olive on_		19		d that in (my)	, 19	, to death occurred on the	dote ond		d from the		
	226. SIGNATURE	OP/	ng		/	DEGREE A	ATTENDING PHYSICIAN	DIRECTOR   PHYS	AFF ICIAN [		22c. DATE	SIGNED	83
	226. PHYSICIAN'S N	IAME (TYPE	PHINTS /			22e. ADDRES	S		100		1		774
	D.P. MA	LAYAMA	N, M.D.			4001	WILKEN	IS AVENUE,	2122	9			
	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR		236 LOCATION	774	CC	DUNTY	, ST.	ATE 4
	Buria	1	4/18/8	33	Holy Ci	coss Ce	metery	Brooklyr	Pk.	A	A I	lary 1	and

24 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

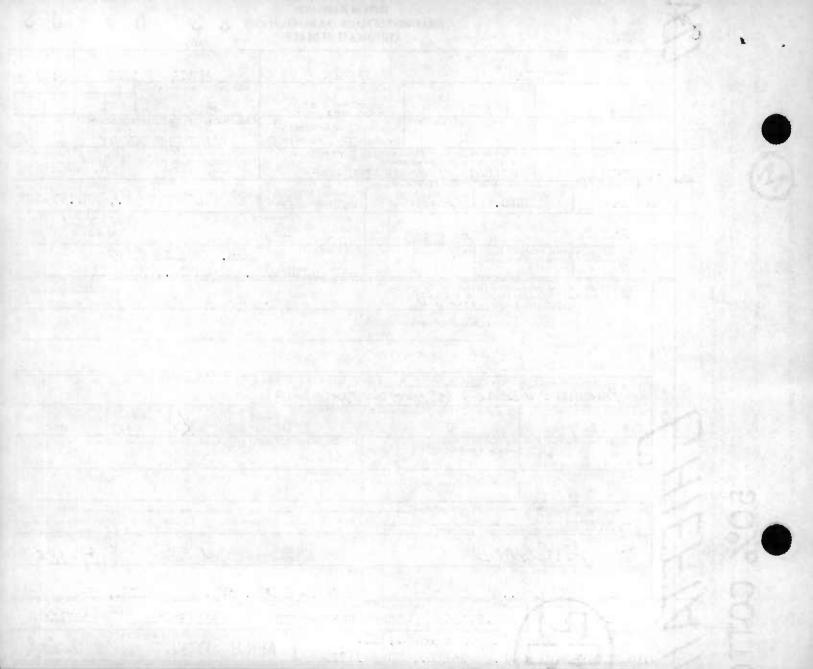
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Avenum, manay	AGUE TENER TOGA Comateur		211804	(0.63)	

21215

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR THOMAS HODSON JAMES APRIL 10, 1983 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR JULY 16, 1922 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE COUNTY DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR VA MEDICAL CENTER TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Packer Ovster House 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? TILGHMAN Chicken Point Rd. 21671 15. MOTHER'S MAIDEN NAME JAMES Gretta Harrison 166 SOCIAL SECURITY NO 17 INFORMANT VA MEDICAL CENTER 219-14-4004 CLINCAL RECOURDSVA MEDICAL CENTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THROMBOTIC OCCLUSION RIGHT CORONARY ARTERY ONE DAY VESSELS AND AORTA SEVERE ATHEROSCLEROSIS OF CORONARY UNKNOWN DUE TO, OR AS A CONSEQUENCE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

HYPERTENSION

XC 13007775

- STATE

(TYPE OR PRINT

REGISTRAR . DECEASED NAME

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING

PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN TO

22c. DATE SIGNED 4/10/83

VA MEDICAL CENTER, FORT HOWARD, MD.

23c NAME OF CEMETERY OR CREMATORY

UD

22e ADDRESS

St. Johns Cemetery Tilghman

Talbot

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

Newham FuneralHome Easton, Md.

dotale care proper figt 29-10-10-14 States States, W. Salue States months than the specification of the second A SECOND OF THE SECOND .a.a , thi W-VE Th WALLEST CARRY OF HAME, M. The configuration of the second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH 2b. HOUR TYPE OR PRINTI Jarhne au 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MRS 5. DATE OF BIRTH male aucasian 20 Var 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN USA Kattimore Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) IN BUILding TREE STIESMET 3 Alabama Court GIVE RESIDENCE BEFORE ADMISSION ING HOME OR OTHER INSTITUTION. 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Towson, Md. 21704 Towson Caltimore Alabama 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Dawson IAST Etoyle Jarboe Elmer R 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN chart Margaret Jarboe Same Hospital Yes WWllAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY adenocarcinoma of the colon IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony," which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [ Hygier 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 0 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased from, Mpril 27. saw the deceased alive on. and that in (my) (out opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF \* DIRECTOR PHYSICIAN MPORTANT 226. PHYSICIAN S NAME (TYPE OR PRIN 220 ADDRESS should be with the nang, man 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL 23b. DATE 4/30/1983 Dulaney Valley Mem. Gds Cockeysville Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Mitchell-Wiedefeld Home 6500 York Rd. (VRA 15, 4)



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James J. Comment

ditchell-Wiedefeld Nome 0500 Tork Rd.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT: If Item 21 is morked or Item 18 shows any

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	3 SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS MIN.
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-	10, CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INST	TUTION	120 USUAL OCCUPATE	ON SE WORKING LIFE	12b. KINDO	Canalinatellati
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9	14. FA	ATHER'S NAME				15. MOTHER'S		ME			
V	]	LUTHER	MIDDLE	JOHNSO	N	IR	ENE	WIDDLE	R	YAN	ST
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		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE	OF DEATH HOUR A	.M. MONTH DA		21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATIO STREET	N	CITY OR TO	wn	COUNTY	STATE
		22a-1 certify that (1) (this saw the deceased ali- above, (1) (we) (did) (d	ve on 4	-18- 19 8	, , , ,		, 19	death occurred on the de	ote and hour		
		22b. SIGNATURE	Duyn	olypes	-	P		MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	118/83
		22d. PHYSICIAN'S NAME R - 2	EPEST				ETIMU	RE COUNTY	GENE	rae !	HOSPITAL
		BURIAL, CREMATION, REMO	236. DATE 4/23/			METERY OR C		23d LOCATION CITY OF TOWN Baltim	ore C	0 . , M	d. STATE
	24 FU	JNERAL DIRECTOR		H				REC'D. BY REGISTRAR		AR'S SIGNA	
	H		U11EK 30	055 W. NO	ORTH	AVE.	APR	2 1 1983	John	20	wif

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23b. DATE

4/20/83

Wm C March F/H Inc. 1101 E North Ave.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

FOR

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

SPESSURIAL

24. FUNERAL DIRECTOR

DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 2g. DATE OF DEATH MONTH 2h HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 3617 Bellmore Rd. LAST ADDRESS Corrine Johnson 3617 Bellmore Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN

COUNTY

Woodlawn

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN

DHMH - 16 50M 4/82 (VRA 15, 4)

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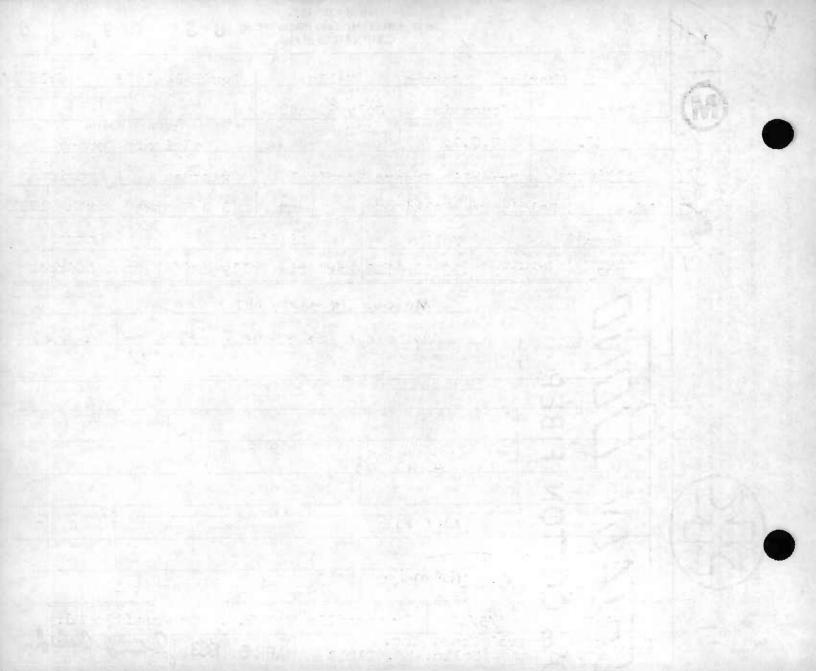
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8	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	09	2 1 6
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
1	(TYP)	OR PRINT)	NES A	KASKIE		4-29-83	7:05am
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIE	RTHDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
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8 4		OR CONTRIBUTING CAUSE OF D		DAY YEAR	SKILD (ENIER MATORE OF INTE	AL INTIEM TO PART   OR PART 2)	
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. 20		sow the deceased alive	on 14/25 10	8 3, and that in (my) (auc) opinio	on death occurred on the d	ote and hour and from th	
Hem 21		obove, (I) (wa) (did) (did	I) view the body offer seath.	DEGREE			E SIGNED,
* /	-	Ve Xe. C	illace b.	777 // ATTENDING		FF _ / u/	29/83
Z-/	-	224. PHYSICIAN'S NAME (TYP		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	CIAN	~ / /0 3
IMPORTANT			ALL, JR., M.D.		YORK ROAD T	TOWSON MD 21	204
<u>×</u>	23n 1	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR			
		SPECIFY)	5/2/1042 0	TARDENS OF FAIT	4 BALTA	COUNTY	MA STATE
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San	1 -	STATE REGISTRAR				ICATE OF DEATH	REG. N	0.	6	- 1 /
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3111	3 SEX	emale	White		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	vo 10	-0 ))	9. BALTIMORE CITY O	YRS.	FDEATH	
19	C	OUNTRY)	U.S.A		MARRIE	NEVER MARRIED	Baltimore			MD
P	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewife	ON	12b. KIND C	OF BUSINESS OR
25	USU A 13a. S	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2839 Mayf	ield Av	renue	21213
n:		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		18 10	1.65	ST.
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ar other		underlying cause last.	(c)_	on Ao A Corrote	,01,101,01					
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	RIF						YES XX	YES		NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T   OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that () (this has saw the deceased alive above, () (we) (did) (did	pital) attended ton April	he deceased from		15 , 1983 nd that in (in) (our) opinion		24, 19 ate and hour c		that (we) lost couses stated
T: If hem	H	22b. SIGNA OFF	de por	y oner dedin.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		The DATE	A/85
MPORTANT		22d. PHOSICIAN'S NAME (TYP	E OR PRINT)	0		7620 York F	Road, Towson	, Md 2	1204	
₹	23a. B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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d Mental Hygiene priar ta bur 18 sh STATE OF MARYLAND

)	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	Ø 64		
		CEASED NAME	FIRST		NIDDLE		AST	20. DATE OF DEATH		AY YEAR	26 HOUR	
			WALTER	R T	. I	CIRBY		April 9,			107	M
	3 SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER Z4 HR	-
		la1e		White		Nov	7. 2, 1906 AR	76	YRS.			
100		RTHPLACE (STATE			WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY				
2		Marylan		U.S.		WIDOWE		Baltimor				MD.
)	Pa	ty or town of t rkville		(IF NOT IN SUCH	orrislea	Cour	CR OTHER INSTITUTION	OTYPE OF WORK FOR MOST Chi	OF WORKING LIFE	INDUSTRY	of Business o	)K
5	13a. S	AL RESIDENCE (IFN TATE [aryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW Parkvil.	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 28 Morr	islea (	2-12 Court	34	
4	14 FA	THER'S NAME		MIDDLE	tAST		15 MOTHER'S MAIDEN NAM	ME		LAS	51	
1		Clare	nce		Kirby		Mary	С.		Konig		
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS			
		No			218-36-9	9080	Mrs. Marie J	. Kirby	Same as			
		18 CAUSE OF DE PART I. DEATH	ATH (Enter on	ly one couse per	line for (o), (b), one	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEAT	н
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		OR CONTRIBUTING		HOUR A		YEAR	ZIC HOW HAJORI OCCORR	CED (ENTER NATURE OF INJ	JAY IN HEM IS PA	RI I OR PARI 2)		
	MEDICAL	(IF EITHER NOTIFY M		P./		19	211, LOCATION					
	MEC	WHILE NOT	WHILE WORK		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR 10	NWC	COUNTY	STATE	
		snw the dec	ensed alive on	APRIL	deceased from	30	nd that in (my) (bur) apinion of	death occurred on the c	date and hour		that (1) (we) le	ost
		27b. SIGNATURE	e) (did) did no	view the body	ofter death.		DEGREE			22c. DATE	SIGNED	_
		Walt	to 7	2. We	Grant.	- 1	1D ATTENDING PHYSICIAN	MEDICAL STA		10 1	4RIL19	8
1		22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e. ADDRESS					
		Walter	R. We	lzant, M	.D.		Medical Arts	Bldg. Ba	1timor	e, Mar	yland	

IMPORTANT: If Item 21 is 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 23b. DATE BP.

FOR

234. NAME OF CEMETERY OR CREMATORY

Medical Arts Bldg. Baltimore, Maryland 23d LOCATION
CITY OR TOWN
Baltimore,

Cremation April 11,83 Westview Crematory

14 FUNERAL DIRECTOR 5305 Harford Road
Leonard J. Ruck Funeral Home, Inc. Balto., Md.

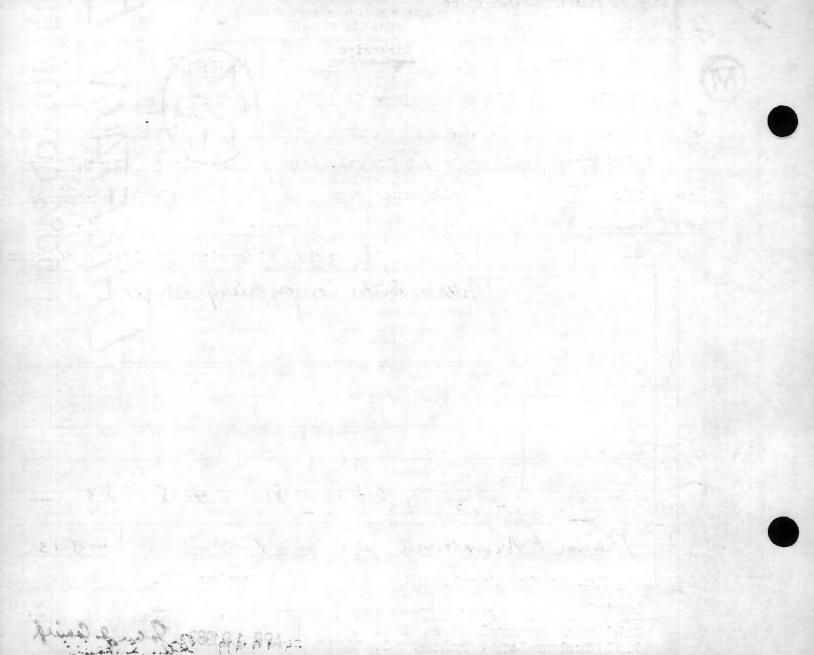
Maryland

DHMH - 16 50M 4/B2

(VRA 15, 4)

Market Committee , 3110 930 31, .A.C.U Min Annibura bus sile 'a dorate ca Court ing land Baltimord Parcelle 1 18 Foreisles Court Clare ce 13-30-900 Lrs. jarre J. orre de do 'E'. star. erst, ... recents d. ettore, a net Cresulion office constant and the land of the land of

Too. are J. Huch ... Hu era Hore, Inc. Lulto., Hd.



BALTO., MD

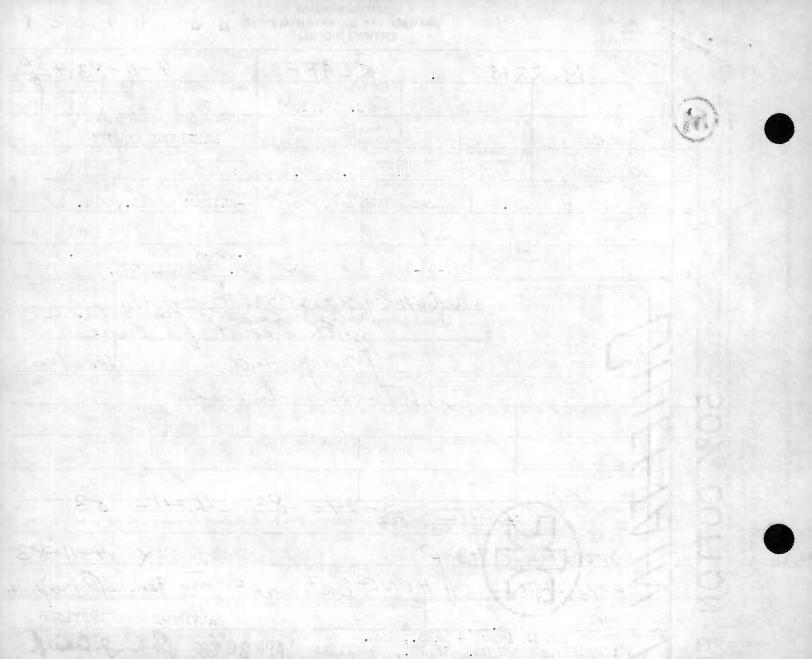
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DHMH - 16 50M 4/82

(VRA 15, 4)

6010 REISTERSTOWN RD.

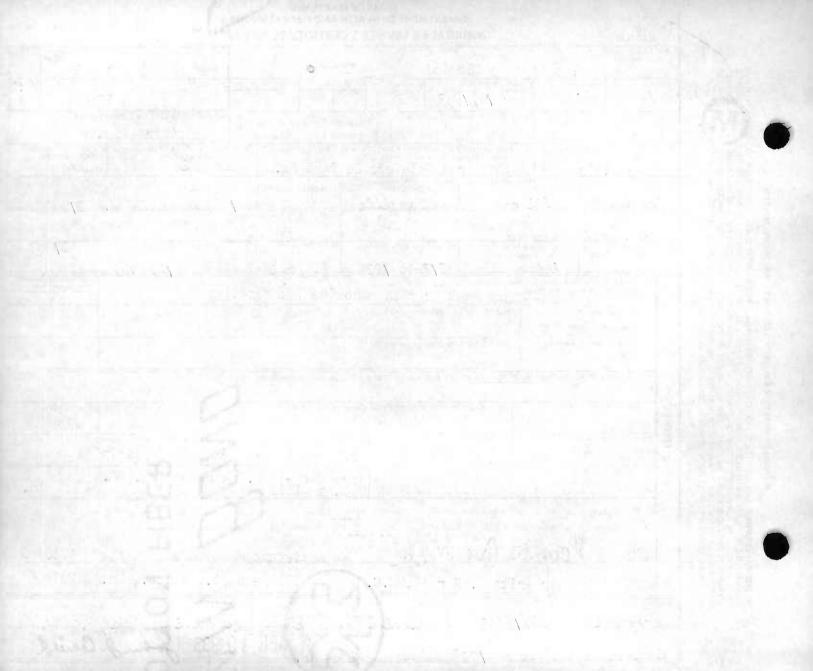
STATE OF MARYLAND



STATE OF MARYLAND

Demonstrature 1081 - with which the service STREETS OF 12 RR 1 8 1931 (Rec. 5) County 1

4	FOR STATE REGISTRAR			MENT OF HE	OF MARYLAN ALTH AND M R'S CERTIFIC	ENTAL HY	63 .	REG. N	0 9	2 2	3
	DECEASED NAA	ME FIRST	MIDDLE		LAST	- m-	2a. DATE	KNOWN [	MONTH	DAY YEAR	26 HOUI
	P P W	Thomas			Kneebon			H MATED	X 4/1	6/839	
ñ	nale	white	Nov 10, 1953	6 AGE (IN YEARS LAST BIRTHDAY) 29 YRS.	MONTHS DAYS	HOURS A	HRS. 2c. DA	UNCED	4/1	7/83,9	19193 A
70	BIRTHPLACE FOREIGN COUNTRY	STATE OR	76. CITIZEN OF WHAT COUR	VTRY? 8.	MARRIED   NE	VER MARRIED				TY OF DEATH	
35 136	9ndiano	7.	USA		IDOWED [	DIVORCED	Ba	ltimor	e Cou	inty	M
10	wings M		11. NAME OF HOSPITAL, NE (IF NOT IN SUCH FACILITY, GIVES Wooded Area	STREET ADDRESS)		Pk.	20. USUAL OCC FOR MOST OF W Mechal	UPATION (T) ORKING LIFE) VCC	PE OF WORK	OR INDUS	BUSINESS
US	SUAL RESIDENCE	E (IF IN NURSING HOME OR 13b. COUNT)	OTHER INSTITUTION, GIVE RESIDENCE Y 13c. CITY	OR TOWN	13d INSIDE C	THE STATE OF THE S	3e. STREET ADD	RESS			
10	FATHER'S NAM			thervill	IS. MOTH	ER'S MAIDEN	1505 NAME	Sedwor	th Rd	2109	3
34	John L	David Kneel	MIDDLE	LAST	C	FIRST . /		MIDDLE		LAST	
1 16		ED EVER IN U.S. ARM	ED FORCES? 16h SO	CIAL SECURITY N	O. 17. INFOR	MANTO ()	ттел	ADDRES	S	21	093
	LIPA	11.		2-58-222	8 9	David k	Knaahan	250	= Bad	16 0	,
	18. CAUSE	OF DEATH (Enter only	one cause per line for (o), (b	), and (c).)	-	· ····································	•••••••••••		) vea		ALE INTERVAL SET AND DEATH
	PARTID	EATH WAS CAUSED	CAUSE (o) Acute	carbon m	onoxide	intoxic	cation				
7/3	7:	20	DUE TO, OR AS A COI	NSEQUENCE OF							
	gave	ans, if any, which rise to immediate	(b)								
		a) stating the <u>under-</u> ouse last.	DUE TO, OR AS A COM	NSEQUENCE OF							
	DARK O DYWES	CICALITICANIT COMOUTING	(c)					· · · · · · · · · · · · · · · · · · ·			
		SIGNIFICANT CONDITIONS <u>Co</u>	DITRIBUTING TO DEATH BUT NOT REE.	ATEO TO THE TERMINAL	. DISEASE OR CONDITIO	N GIVEN IN PART 1	1 (a				
1	190. DATE O	PF OPERATION	196. CONDITION FOR	WHICH OPERAT	ON WAS PERFOR	RMED?				20 AUTOPS	Y?
1										YES (X	
7	21a EXTERN	IAL CAUSE WAS	21b. TIME OF INJURY		21c HOW INJURY					MRT 2)	140
	UNDERLYIN	IG XOR TING CAUSE OF DE	HOUR A.M. MONTH	6/83, YEAR	subject	inhale	ed exha	ust fu	mes i	n auto	
	71d INJURY	OCCURRED	21e PLACE OF INJURY STREET, FACTORY, FARM, I		Ward Cha						STATE
1	WHILE AT WORK	NOT WHILE X	Wooded	Area	Owings M	ills	• IICUFOR		12.0 1.000	WALL.	Md .
	22¢ I cer	tify that I took charge	of the remains described abo		Autopsy X,	Inspection	, Inquir	у 🔲 . о	and in my op	omian	
	death resu		l couses , Accident		e X Hamie	cide .	Undetermined	manner _	,		
	ACTUAL	Way	~ A . A/	0.		SPECIFY)					0.100
7	ACTUAL SIGNATURE	July	in All sto	ell	M.D. ASS	istant	_MEDICAL EXA	AMINER	DATE	4/1	8/83
4	EXAMINER':	S NAME Marg	arita A. Kore	11, M.D.	ADDRESS_	111 Per	nn St.,	Balto	., Md	. 21201	
23	a. BURIAL, CREM.	ATION, REMOVAL 23	DATE 23c.	NAME OF CEME	ERY OR CREMATO	ORY	23d LOCATION		COU	NTY	STATE
_	слета	tion 4	1/19/83	Vestview	(remate.	74	Caton		Ba	Lto. M	d.
74	I. FUNERAL DIRE		ADDRESS			APR	1 9 1983	KAR Z	MAR'S S	GNATURE	1
	Ambrose	Juneral 1	Tome 1228 Su	Lohun Sr	ri no Ro	211 (1	10000	10	mo	- LE-SULD	N.



				STATE OF MARYLAND		
	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3	0 9 2 2 4
		REGISTRAR			REG. NO	
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
noy be poge 3		EMIL	E J.	KOGEL		t-18-83
mo)	3. SE	( MA	4 RACE	5 DATE OF BIRTH MOMPH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 s of		14/	WHITE	MAY 6,1919	63	YRS.
å A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
te Charle		FRANCE	FRANCE	WIDOWED DIVORCED	BALT	O. CO. MD
5	10 C	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>	ADDRESS)	126 USUAL OCCUPATION	
by tilled	1	PIKESVILLE	1327 SUDI	VALE RD.	CHEF	RETIRED
4 hour	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	21208
fill 24		MD. BA	-LTO. PIKESU,		1327 0	UDVALE RD.
tely 2 sh	14 FA	THER'S NAME	MIDDLE / . SAST	15 MOTHER'S MAIDEN NA	ME	11.00
comple 1 and		11)	UKNOWN	VEAN	UNE	HUBERT
ecute ecute	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	55
e execu	- 0	ES, NO OK UNKNOWN) (IF YES, GIVE	568-58	-8160 HELENRAE	KOEEL	SAME 21208
ol.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), on	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npol mov		PART I. DEATH WAS CAUSE	D BY: E CAUSE (0) Cordes	mlan Mre	1	
ding or re		4275 MMEDIA	DUE TO, OR AS A CONSEQU	THE OF		
tend tend on, o		Conditions, if any, which	DUE TO, OR AS A CONSECU	ENCE OF		
he de con motion refro		gove rise to immediate couse (a), stating the	10)	5.1.05 Of		
that if		underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		T. N. S. H. S. S. S. S. S. S. S.
	10	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)
squire signe Then p to bu njury,	Z O					
ow re	AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
hos per per	Ĕ				YES NO	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
hysicion. ficose hos fronsit per Hygiene	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR		
SICIAN: ng physic certifico uriol-tror lentol Hy Item 18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR		
> = × 5 ≥ ±	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	211. LOCATION		
PH then the b ond ced o	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOW	N COUNTY STATE
DING P or offer After the e os the olth one morked			tol) attended the deceased from_		, to	, 19, that (I) (we) lost
OR OR		sow the deceased alive on	19			ate and hour and from the causes stated
hospolited from 2 tem 2		obove, (1) (we) (did) (did no 22h. SIGNATURE	t) view the body olter death.	DEGREE		226. DATE SIGNED
		1 solo		ATTENDING PHYSICIAN	MEDICAL STAF	
SPITAL J. by th VERAL be dete e Stote		226 AHYSICIAN'S NAME (TYPE O	R PRINT)	PHYSICIAN 222e. ADDRESS	DIRECTOR PHYSIC	IAN
S C C C C C C C C C C C C C C C C C C C	l '	Ar AlaN	Ral days	10629	York Ro	1
should with	02 6	WI. TILAN	MALCANZI	4 / / C	23d. LOCATION	
200	230	SURIAL, CREMATION, REMOVAL	1/ 00- (	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	RALTO CO. MIS
BP	24 E	JNERAL DIRECTOR	14-17-85 30	CPROCESS FNC.	E REC'D BY PEGISTRAP	AN REGISTRAR'S SIGNATURE. 1
DHMH - 16 50M 7/77 (VR A 15 (4))	1	FWFLL F.	4. 1100 KEI	STERSTOW PRO AF	R 2 0 1983	John John Mary

Miles I Super I Source I Sourc MELL STEEL STEEL STEEL STEEL STEEL STEEL STEEL ELTHAN PARTHALES WELTT JERK VIEW YOUR COME TO SHE WAS AND ADDRESS OF THE STATE OF THE STAT

2824 Wells Road 21219 Posev ADDRESS 211 Beechwood Rd. 217-07-1177 Patricia McLaughlin-Joppa, MD. 21085 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (p-4 (our) opinion death occurred an the date and have and from the causes stated 22c DATE SIGNED Franklin Square Dri Burial 4/25/1983 Holly Hill White Marsh Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. APR 25 1983 7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2:30pm

12h, KIND OF BUSINESS OR

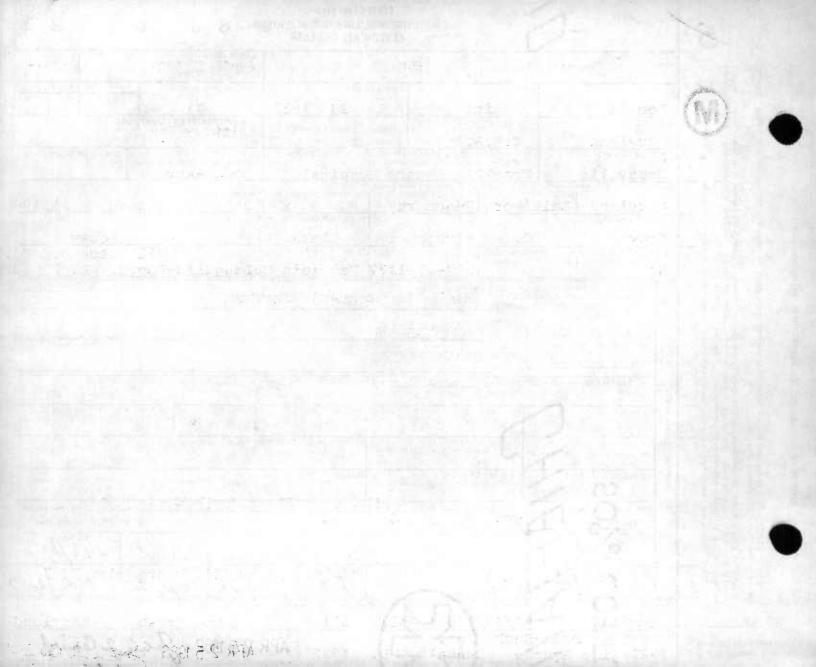
IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 4/82

STATE

REGISTRAR



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## STATE OF MARYLAND

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RTMENT OF HEALTH AND MENTAL HYGIEN	E &
CERTIFICATE OF DEATH	C

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000 110				

1 -	- STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	PIENE 8	REG. NO.	U	7 60	Greg 6
	CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF D		NONTH D	DAY YEAR	2h HOUR
(1117)	CORPRINT	Dor	na -	KOI	RNELU	K	April	16.	1983		1:30A
3. SE	X		4 RACE		5 DATE C		6. AGE (IN YEA		IDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Female		White		MONTH		00			MONTHS DAYS	HOURS M
7a BI	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	15, 1890	9 BALTIMORI	E CITY OR	COUNTY	OF DEATH	
(	Russia	,	II C	5.A.		D NEVER MARRIED					
10 C	ITY OR TOWN OF DEA				WIDOWE	DR OTHER INSTITUTION	12a USUAL OC	imore		T12h KIND	OF BUSINESS
_	osedale		6326		wood .	Avenue	Home 1				
13a S	AL RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET AL				
Ma	aryland	Balt	imore	Rosedale	e	YES NOXX	6326	H	lazelw	vood Av	re 2123
14 FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA			QIV III		
/	7	unknov		LASI		FIRST	(unknow	n)		1A	ST
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b SOCIAL SECUI	RITY NO.	17. INFORMANT	,		S Balt	imore,	Md.
( )	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	217-22-0	0278	Helen Koern	er 6326				
	18 CAUSE OF DEAT PART I. DEATH W	11.5		P. C. L. L. C.	1		01 0020	11426			CIMATE INTERVAL
	Canditians, if any, gave rise to imm cause (a), status underlying cause	, which mediate	(b)_	R AS A CONSEQUE	NCE OF	Liver					
NO	gave rise to imm cause (a), statin underlying cause	, which mediate ng the last.	DUE TO, O  (b)  DUE TO, OI  (c)  ONDITIONS CO	r as a conseque	NCE OF	NOT RELATED TO THE TERM		or condi	ITION GIVE	EN IN PART 1	o.
ICATION	gave rise to imm cause (a), statin underlying cause	, which mediate ag the lost.	DUE TO, O (b) DUE TO, OI (c) ONDITIONS CO	RAS A CONSEQUE  RAS A CONSEQUE  DITRIBUTING TO D  THE	ENCE OF	<b>)</b>		SY?	20b. IF YES,	, WERE FINDI	NGS USED
RTIFICATION	gove rise to immediate (a), storing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA*	, which mediate ag the lost.	DUE TO, O (b) DUE TO, OI (c) ONDITIONS CO	RAS A CONSEQUE  RAS A CONSEQUE  DITRIBUTING TO D  THE	ENCE OF	NOT RELATED TO THE TERM	200 AUTOP	SY?	20b. IF YES, IN CERTIFY		NGS USED
ICAL CERTIFICATION	gove rise to immediate (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA:  21a. ACCIDENT WAS UNE OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC	, which mediate ng the lost.  NIFICANT COMMENT OF THE COMMENT OF T	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO  19b. CONDI  19b. TIME O  HOUR A P	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  FINJURY M. MONTH DAM M.	NCE OF DEATH BUT	NOT RELATED TO THE TERM  A CALL  N WAS PERFORMED  216. HOW INJURY OCCURE	200 AUTOP	SY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA*  21a, ACCIDENT WAS UNE OR CONTRIBUTING	, which mediate ag the lost.  NIFICANT CALEXAMINER PRED	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO  19b, CONDI  21b, TIME OI  HOUR A  21e PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  FINJURY M. MONTH DAM M.	ENCE OF DEATH BUT LOS OPERATION	NOT RELATED TO THE TERM  " SE &  N WAS PERFORMED	200 AUTOP YES 1	SY?	206. IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH? NO
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	gove rise to immediate to immediate to immediate the part of the state	, which mediate ng the lost.  NIFICANT C  TION  DERLYING CAUSE OF DEA CALEXAMINER;  RED  Of this hospit	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO  19b. CONDI  19b. CONDI  HOUR A  21b. TIME O HOUR A  21c. PLACE (AT HOME, STR	R AS A CONSEQUE  R AS A CONSEQUE  DITTIBUTING TO D  TION FOR WHICH IT  F INJURY  M. MONTH DA  M.  DF INJURY  GET, FACTORY, OFFICE, FA  de deceased from  deceased from  deceased from  deceased from  deceased from  deceased from	ENCE OF PEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURE  216. LOCATION STREET  19.79  and that in (m) (aur) opinion of the company o	200 AUTOP  YES 1  RED (ENTERNATU	SY?  NO  RE OF INJURY  CITY OR TOWN  The date	20b. IF YES, IN CERTIFY YES IN ITEM IS PA	COUNTY  Ond from the	NGS USED S OF DEATH? NO STATE
	gove rise to immediate to immediate to immediate to storing and the storing an	, which mediate ng the islant of the islant	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CC  19b. CONDI  19b. CONDI  TH  21b. TIME O  HOUR A  P  21e PLACE ( (AT HOME, STR	R AS A CONSEQUE  R AS A CONSEQUE  DITTIBUTING TO D  TION FOR WHICH IT  F INJURY  M. MONTH DA  M.  DF INJURY  GET, FACTORY, OFFICE, FA  de deceased from  deceased from  deceased from  deceased from  deceased from  deceased from	ENCE OF PEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURE  216. LOCATION STREET  19. 79  and that in (mi) (aur) opinion of the complete	200 AUTOP YES	SY?  NO STAFF  PHYSICIA	20b. IF YES, IN CERTIFY YES IN ITEM IB PA	county  22c. DATE  Apri	NGS USED S OF DEATH? NO  that (we) couses stated SIGNED 1 16,
WEDICAL WEDICAL	gove rise to immediate to immediate (a), stating underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERA:  21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIA  21d. INJURY OCCURF WHILE NOT WHAT WORK NOT WHAT WORK AI WO  22a. I certify that (1)  22b. SIGNATURE  22d. PHYSIC AND NOTIFY WAS NOT WHAT WORK NOTIFY WAS NOTIFY WAS NOTIFY WORK NOTIFY WAS NOTIFY WAS NOTIFY WORK NOTIFY WAS NOTI	which mediate ag the lost.  NIFICANT COLOR OF TION  DERLYING CAUSE OF DEA' CALEXAMINER;  RED  Othis hospit ed oliv  Diaz,  REMOVAL	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO  19b, CONDI  21b, TIME OI  HOUR A P  21e PLACE  (AT HOME, STR	R AS A CONSEQUE  R AS A CONSEQUE  DITION FOR WHICH IT  F INJURY M. MONTH DA M.  OF INJURY EET. FACTORY, OFFICE, FA	ENCE OF DEATH BUT OPERATION OPERATION SAY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCURE  216. LOCATION STREET  19. 79  and that in (mm) (aur) apinion of the company	200 AUTOP YES TO THE TOTAL TOT	SY?  NO M  RE OF INJURY  CITY OR TOWN  TOWN  TOWN  TOWN	20b. IF YES, IN CERTIFY YES IN ITEM IB PA  N  e and haur	county  22c. DATE  Apri	NGS USED S OF DEATH? NO  that (we) couses stated SIGNED 1 16,

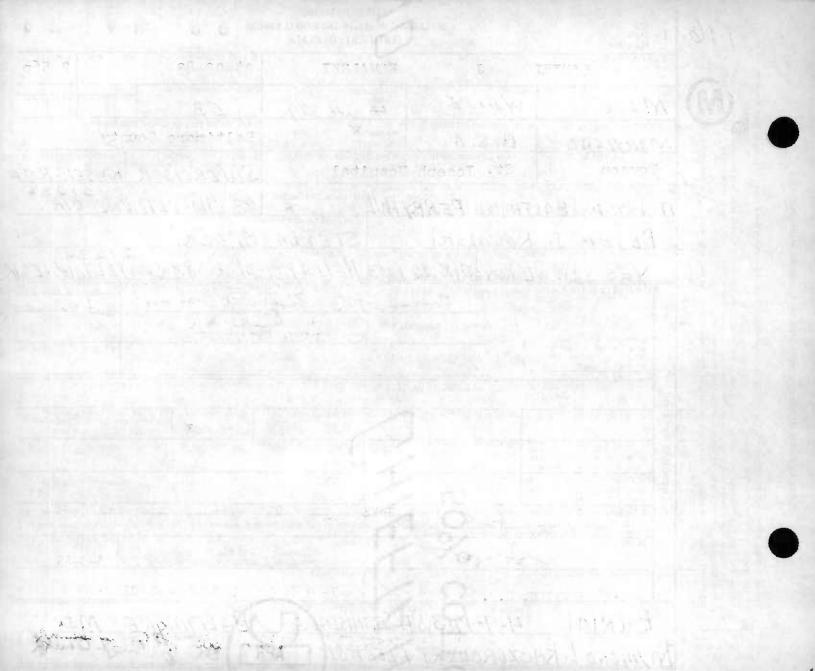
Baltimore, Md.

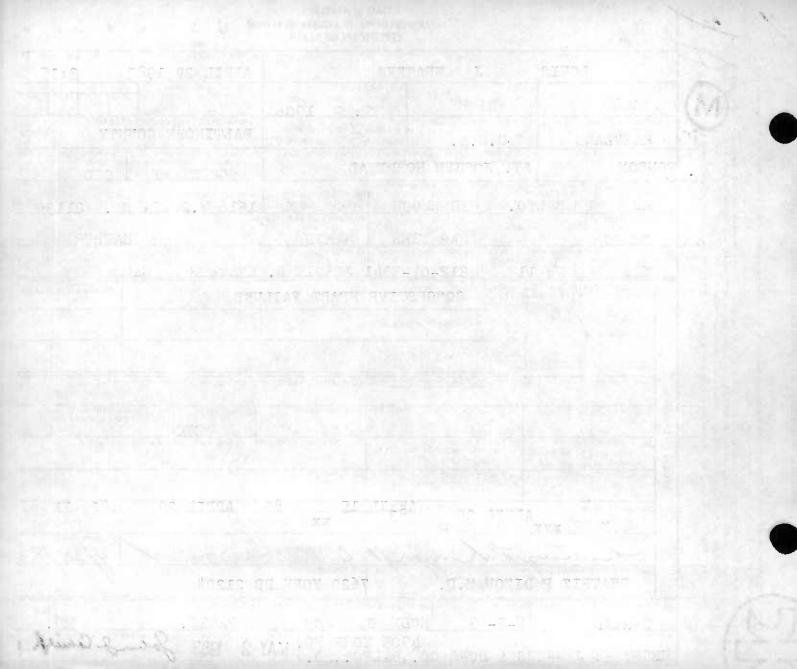
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici shauld be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

an entire a se se of





1.	FOR			EPART	STAT MENT OF H		ARYLAN AND MI		YGIENE	,		es e			1
1	- STATE REGISTRAR		MEI	DICAL	EXAMINE	R'S C	ERTIFIC	CATE O	F DEA	H S	REG. NO	7 7	6.	. 0	1
1. 1	DECEASED NAME	FIRST		MIDDLE			AST		. 2	DATE K	ESTI.	MONTH	DAY	YEAR	2b HOUR
3 5		Rober		F.			rause			DEATH A	AATED XX			19 83	N
3 5	Male 4 RA	Cauc.	S. DATE OF BIRTH	30 YEAR	6. AGE (IN YEAR	) MONTH		HOURS		C. DATE RONOUNC DEAD	ED	MONTH 4	6	YEAR 19 83	8:00 a. M
70	BIRTHPLACE (STATE O	R	76. CITIZEN OF WH	IAT COUN	TRY?	MARRIE WIDOWI		VER MARRIE	D		recity of	inte	TY OF D	EATH	
10.	CITY OR TOWN OF D	EATH	11. NAME OF HOSE	PITAL, NUI	RSING HOME,			DIVORCE	12a USU/	AL OCCUPA	TION (TYPE	OF WORK	12b. KIN	ND OF BU	SINESS
	Halethorpe		4384 H	ollin	s Ferry		- Lo	t	FORM	ruck	Drive	S-	Be	zel	RY
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14	FATHER'S NAME	John	MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME F1	orenc	DLE E		1	LAST	
160	(YES, NO, OR UNKNOWN)	R IN U.S. ARM	AED FORCES?		IAL SECURITY		17 INFORM	Daugh	nter		ADDRESS				
CERTIFICATION		ng the <u>under</u> it. ANT CONDITIONS C	(c)ONTRIBUTING TO DEATH (	EUT NOT RELA	ISEQUENCE OF THE TERMINORMAN	IAL DISEASE			[ ] (o).				20 A	UTOPSY?	
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		OR CAUSE OF D		MONTH	19			OCCURRED	) (ENTER NA	ATURE OF INJUR	RY IN ITEM 18 PA	ART I OR PAI	RT 2)		
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2 230	EXAMINER'S NAM (TYPE OR PRINT)		nnis F. Sr		M.D.		DDRESS_	111		n Stre	et				
23	BURIAL, CREMATION	,REMOVAL 23	4/11/83	23c. N	New Ca			ORY	CITY O	ATION RIOWN	Ma	COUR	NTY	STA	ATE
-11	FUNERAL DIRECTOR		ADDRESS	125				APR S	C'D. BY	ECISTRAIN	REGIS	TRANS	Cale	WELL .	Here
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ge 3		CEASED NAME FIRST EVA		MIDDLE	KR	CICHINSKY	26. DATE OF DEATH		9-83	26 HOUR 5 M
ctor, pa	3. SE	x FEMALE	4. RACE WHITE		5. DATE C	2, <sup>DAY</sup> 898 YEAR	6. AGE   IN YEARS LAST	AN	FUNDER I YEAR	IF UNDER 24 HRS
oth. Porg	Y	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	YRS.	OF DEATH	
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be execu	100.		/E WAR OR DATES)	213-74-2		8 POMONA SC		TO., MD	2120	
ow requires that the death cert is been signed by the attending I rmit. Then please remove carbon prior to buriol, cremotion, or ren	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OI		NCE OF	levotic to levotic to aslure, NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES,	ease	IGS USED
ING PHYSICIAN. The I r ottending physician. ther this certificate has as the burial-transit pe th and Mental Hygiene th and Mental Hygiene anked or Hem 18 shows	MEDICAL CERTIFI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK	HOUR A.	M. MONTH DA' M.	19	216 HOW INJURY OCCURR	YES NO	YES		NO STATE
TO HOSPITAL OR ATTENDI retoined by the hospital or TO FUNERAL DIRECTOR. A should be detoched for use with the Stote Dept. of Heal IMPORTANT: If them 21 is m	23a. E	22a.1 certify that (I) (this haspi saw the deceased alive on obave, (I) (we) (did) (did no 22b. SIGNATURE Some Electric Source (17PE of Soo C C)  URIAL, CREMATION, REMOVAL	PRINT) HUL  123b, DATE	Hay 1236. N	14	d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [ 220. ADDRESS  Ballinus  EMETERY OF CREMATORY	MEDICAL SI	TAFF ag	220. DATE	
BP		SPECIFY) BURIAL	MAY 1,	1983 PR	OGRES	SIVE BENEFIT	RELIEF	RANDAL	ÉSTOWN	BALTO.
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR SOL LE 6010 REISTERSTO	WN RD.	BALTO.,		21215MAY 4	1983	John	2 Can	if

32 KHO13 3 S. W. B. Marine Carlo I. Control of Marine Mark James (Mark) ATLANCE OF THE PARTY OF THE PAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) DEATH MATED KRONENBERG ROGER 4 RACE . SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MALE DEAD WHITE June 10,1912 70 YRS 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Beltimore County Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 5931 Baltimore Avenue Baltimore Retired Compositor+News American USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e STREET ADDRESS 5931 Baltimore Ave. 13a. STATE Baltimore 13d. INSIDE CITY LIMITS? 21207 Maryland YES [ NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Warrenberger Willaim Kronenberg Delmar Mary Henry 40. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 3026 Dest Leigh Street DIVISION (YES, NO. OR UNKNOWN) Mrs. Delmar Cottrell 215-10-8740 Yes WWII Richmond. Va. 23230 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) to nos cloratic Cardisvarales Direase PART I DEATH WAS CAUSED BY: HYGIENE, IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). OF HEALTH A CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE WHILE COUNTY AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident \_\_\_ Suicide \_\_\_\_ Homicide Undetermined monner PAGE 4 SHOUN
TO FUNERAL D
AFTER DEATH, P
BACTIMORE, MA EXAMINER'S NAME I-ERKERO TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Woodlawn 4/13/83 Baltimore Burial Lorraine Park Cemetery BP\_ Letter I West Russell C. Witzke Funeral Homes P. A 250. DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 17 VR A15 ME (5)) 1630 Edmendson Ave., Catonsville, MD. 21228 30M 7/73

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requires that the death certificate be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

x	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0.	9 2	3	ene j		
1		CEASED NAME	FIRST SEP1	/ A	AIDDLE	1.00	AST P	20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR			
9	3. SE>			RACE	•	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	0540 IF UNDER 24			
		Male		Wh	ite	Jui	ne 20°, 19°19	20, 1919 63 478 · YRS.						
		RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH				
35		Maryland		U.	S.A.	WIDOWE		Balti	more C	ounty	11-17	MD.		
55		TY OR TOWN OF DEA	-	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	or OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Baltimor	OF WORKING LIFE	E) INDUSTRY	OF BUSINES	SOR		
35	USU A 130. S	AL RESIDENCE (# NURSITATE	and the same of the same of	HER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3018 Wh		5.05.0	21214			
6	14. FA	THER'S NAME	MIC.	DIE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS				
70		Anthony	Miles	J.	Lamp		Grace	M.	But					
2		VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS					
1	,,,	Yes	WW I	_	215-03-5	657	Milton L. 1	Lamp 3018	White	Ave.	21214			
		2387 Conditions, if ony, gove rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN	nediote g the last.	DUE TO, OF	RAS A CONSEQUE	ROIN PIH	TESTINA C THROM NOT RELATED TO THE TERM	L BLEE BOCYTOPE	NIC B	URPUR	PA.			
	ION	CHRONIC	0357	RUCT	IVE PU	LMOI	MARY DISC	EASE						
9	CERTIFICATION	190. DATE OF OPERAT	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOT YES NOT						
9		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	, WERE FINDINGS USED YING CAUSES OF DEATH?				
	MEDICAL	214. INJURY OCCURE	INE [7]	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)wn	COUNTY	STA	ATE		
н		22a.1 certify that (1)	(this hospital	ottended the	e deceased from_			, to		19,	that (I) (we	e) fost		
		sow the decease obove, (I) (we) (c	ed olive an_did) (did nat)	new the bady	efter death.	, ar	nd that in (my) (aur) apinion	death occurred an the o	ote and hou	r and fram the	couses state	ed		
		226. SIGNATURE	2 \$	la de	10000	)	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		22c. DATE	15/8	3		
1		220 PHYSICIAN'S NA	AME INPEOR	INI	-1		22e ADDRESS							
/		HAFEE.	ZF	SYK	[/m/l		BALTIMORE	COCINIY	GE1	N HO	SP			
		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STA	ATE		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is morked or Ifem 18 shows ony injury, or other froumatic event, the medical examiner must be not

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

APR 18 1983

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICNE

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	DE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7 6 5 5				
1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DAY	ZB HOOK				
Jennie		Lang	Apr. 25	1983 6:20 PM				
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS				
Female	White	May 1 1891	91 YRS MOI	MIM SRUDH SYAD CHIN				
II. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH				
Maryland	USA	WIDOWED DIVORCED	Balto. County	MD.				
Towson	302 E. Joppa	Rd. Apt. 412,2120	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b, KIND OF BUSINESS OR INDUSTRY				
SUAL RESIDENCE (IF NURSING HOME OR 136 STATE 136 COUN Balt	NTY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 302 E. Joppa Rd	1., 21204				
	liam Koeni	15 MOTHER'S MAIDEN NA	AME MIDDLE	Kummer				
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-2140D Robert A.	ADDRESS Lang, Rd. 3 Todd	Point Rd.				
	ly ane cause per line far (a), (b), a	ond (cv.) Cambr	idge, Md. 21613	BETWEEN ONSET AND DEATH				
4310 IMMEDIAT	TE CAUSE (o) V cerebr	al nemorrhage		one hour				
Canditions, if any, which	DUE TO, OR AS A CONSEQ	uence of e <b>rebral arterioscle</b> s	rosis	ten years				
gove rise to immediate couse (a), stating the underlying couse lost		7.						
PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
Man DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?				

none

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Burial

ACCIDENT WAS UNDERLYING

NOT WHILE

21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

21e. PLACE OF INJURY

October 11

HOUR A.M. MONTH DAY YEAR P.M

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN 51

COUNTY

YES T

STATE

NO

saw the deceased alive an, SIGNATURE

CERTIFIC

MEDICAL

19 82 and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

DEGREE ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

(TYPE OR PRINT)

22a.1 certify that (1) (this haspital) attended the deceased from.

Charles E. Ellicott, M.D.

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Ceme.

22e ADDRESS

1134 York Rd., Towson, Md. 23d. LOCATION Balto. City

COUNTY

Md.

BP.

Lowell Lemmon, 10 W. Padonia Rd.

DHMH-16 50M 1/B1 (VRA 15, 4)

Should be detached for us with the State Dept. of He

MPORTANT: If Item 21 is marked by

AND I THE THE PARTY OF THE RESERVE ASJ DE MANYELL - Tanama and Bolle, San J. A. R. Barrat . Still at world int. .. Thito. ... cox son to the son to the son to the son 2 12-03-21401 2 U. T. Lang. 2 6. 3 Todd Point (d. A District of the company of the com THE COLUMN TO THE PROPERTY OF and the state of t T. I. Lovell Landon, 10 t. Pedenia Jus. of A. P. S. Sign & A. & Child

-uNesAL ChA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

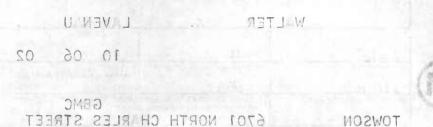
CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 4/R2

(VRA 15, 4)



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B LTIMORE COUNTY

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DECEMBER 1982 CANCER OF PROSTATE

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KULDIP S UBEROI, MD

6701 NORTH CHARLES STREET

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2	Ma	rylan	d	Balt:	imo	re	Coc	keys	ville	YES	NO D	4	O Gi	bbo	ns :	Blv	d.	210	30
1	14. FA	THER'S NAME			MIDDLE			LAST		15. MOTH	ER'S MAIDE			WIDDIE				AST	
U		In			Chae	_		Lee		J	ung			Iwan			(	Chan	g
1	16a W	AS DECEASED		U.S. ARM				CIAL SECU		17. INFOR	MANT			ADDI					
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71	CERTIFICATION	19a DATE OF	OPERAT	ION	19	6 CONDI	TION FOR	WHICH OP	ERATION W	AS PERFOR	RMED?						20 A	UTOPSY?	
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1		CONTRIBUTIN	NG C	AUSE OF DI	EATH	11 P.M	4-6	- 19	83 Dr	ver	in aut	o/au	to c	olli	sion				
	MEDIC/	21d. INJURY C	OCCURRE	HILE X		STREET, FACT		(AT HOME, ETC.)	21f. LO	ATION			CITY OR 10			COU	INTY		STATE
		WHILE AT WORK	ATWO	ORK LX		r	oad		Rt.	45 sc	o. of		imon	ium		Ba	Lto.		Md.
3		22a I certif	y that I t	aak charge	of the r	emoins des	cribed ob	ove, held an	Autop	n jar	npton Inspection	Ha.	Inquiry	, 🔲,	ond in	ту ар	inian		
		death resulte	ed fra	Noturo	ol couses	□,	Accident	_X,	Suicide	Homi	cide .	Undete	ermined m	nonner	],				
		ACTUAL	H	. (		in.					SPECIFY)					DATE		7 07	
7		SIGNATURE.	1	W	X	X	-	_	M	D. ASS	istant	MED	CALEXA	MINER		SIGNE	4-	7-83	
A		EXAMINER'S I	NAME	Ann M	1 0	ivon	МП				111 F	Pann	St	Ral	to	Md	2	1201	
	23n BI	RIAL CREMA				I XOII.			EMETERY O				CATION	Dat	10.,				
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and completely filled in by Pages 1 and 2 should be FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	). O.	7 60	O.	Q		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	N	IDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU	JR		
	WALTER	I	HOMAS	LEE		APRIL 27,	1983		2:10	PM		
	3. SEX	4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER	-		
	MALE	WHITE		JULY	20 1920	,6	2 YRS	HS DAYS	HOURS	MIN.		
	70 BIRTHPLACE I STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITYO		DEATH	9			
2	MARYLAND	U.S.A		WIDOW	••	BALTIMORE		MD.				
X	10 CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		26 KIND O	F BUSIN	ESS OR		
1	FORT HOWARD	WA MEDIC	AL CENTE	R		Brake		Pata	psco	R.R		
5			BALTIMOR	N	13d. Inside City Limits?	13e STREET ADDRESS 2520 PLAIN	FIELD RO	DAD	2/2	22		
7	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1451		1/4		
2	RAYMOND		LEE	- 11	CATHERINE	bit	Н	ERRIC	CK			
	YESO OR UNKNOWN)	MED FORCES?	166 SOCIAL SECUI		17. INFORMANT	ADDRE		(Last)		44.7		
-	IES WWII		217 07 0	217	CLINICAL RECO	ORDS, VAMC,	FORT HO	WARD,	MD			
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)									RVAL DEATH		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA											
7	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOK	20b. IF YES, WEI IN CERTIFYING YES			TH?		
	OR CONTRIBUTING CAUSE OF DEA	P.N	A. MONTH DA A.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I C	OR PART 2)		že.		
	AT WORK AT WORK		ET FACTORY OFFICE, FA		211. LOCATION STREET	CITY OR TO	vn c	OUNTY	5	STATE		
	220.1 certify that (1) (this haspi sow the decepsed alife on above, (1 (we) (did) (did na	27. 19 83 , to APRIL 27 , 19 83 , that (I) (we) lost sow the deceased aline on above, (I) (we) (did) (elid nat) view-the body after death.										
	22b. SIGNATURE	ND.			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	22c. DATE S				
	22d PHYSICIAN'S NAME (TYPE				22e ADDRESS							
	ANDRÉS COWLEY	, M.D.			VA MEDICAL C	ENTER, FORT	HOWARD	, MD	2105	12		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. etoined by the hospital

MPORTANT: If Hem 21 should be detached with the State Dept.

certificate has been riol-tronsit permit.

24 FUNERAL DIRECTOR

04/30/83 Burial

230 BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Sacred Heart Of Mary

23d LOCATION CITY OR TOWN

Baltimore, Md.

ADDRESS Walter Dabrowski - 1005 Dundalk Avenue 21224

23b. DATE

250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATUR APR 28 1983

Th (end).

Surial 04/30/85 Secret Heart Of Mary Saltimore, Md.

alter percesti - 1905 Dundal: Avenue 22234

Leonard J Ruck Inc. Baltimore, Maruland

STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1922 April 16, 1922

1/19-10-1369 thris .. Jones 5416 home twen Ave. 21214

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BP\_\_\_\_\_\_ DHMH - 16 50M 4. (VRA 15, 4)

P	1-	Items #5 & FOR -10-83		lm G57	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	b	9 2	40
		CEASED NAME	FIRST		MIDDLE	,	AST •		MONTH DAY	YEAR	2b. HOUR
			NJA	MIN		2	EVIN	7	1-02.	-00	1240 M
	3 SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS MIN.
	2 0	Male		While		7	16 0905	73 -77	YRS.		
0	M	ARYLAND		US		WIDOWE		9. BALTIMORE CITY OF BALTIMORE	COUNTY		MD.
55	R	ANDALLSTOWN	I	BALT	TMORE COU	NTY G	OR OTHER INSTITUTION ENERAL HOSPITA	LUPE CHAUFFEUL		126 KIND C INDUSTRY TAXI	CAB
35	13a. S MA	ARYLAND	13h COUN	OTHER INSTITUTION ITY IMORE	GIVE RESIDENCE BEFORE 131, CITY OR TOW OWINGS M		136. INSIDE CITY LIMITS? YES NO	4B SIERRA	CIRCLE	(2111	.7)
30	14 FA	MORRIS		MIDDLE	LĚVIN		15. MOTHER'S MAIDEN NAM ANNA	WIDDLE		LEVÎ	'n
		NAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	215-09-7		DAVID LEVIN	27 CARAWAY I			136) OWN, MD.
washing at one indemnited at	CERTIFICATION	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, O	elleti	ENCE OF	NOT RELATED TO THE TERM	NAL DISEASE OR COND  200 AUTOPSY?  YES NOTXX	20b. IF YES, V	VERE FINDI	
9	MEDICAL CERT	21g. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA ALEXAMINER ED	P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	STATE
	<	220. I certify that (I) (this haspital) attended the deceased from 525 4 19 19 77 4, to April 19 3, that (I) (we) los saw the deceased alive on obave (I) we) (did) (did not view the bady after death.  220. Degree ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DOLL ROad  220. PHYSICIAN'S NAME (TYPE OR PRINT)  220. DATE SIGNED  220. DATE SIGNED									signed Signed
	BI	DURIAL, CREMATION, F URTAL		4/3/83	BN		EMETERY OR CREMATORY RAEL CEM	23d LOCATION BALTIMORI			STATE
82	24 FU	UNERAL DIRECTOR SO	OL LE	VINSON N RD. B	& BROS	,MD. (		REC'D, BY REGISTRAR	REGISTRA	g Siccal	uce

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24.27 83		250,5	was personal	43.72	
		***			
	Market St.			A Condinance	
	and the second	No. 1460			
		STATE WAY THE			
				Dawin L	
		Hen in telling of the			

injury, ar other traumatic event, the medi

IMPORTANT: If Item 21 is marked ar Item 18 shaws

24 FUNERAL DIRECTOR

FUNERALDIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

APR 20 1983

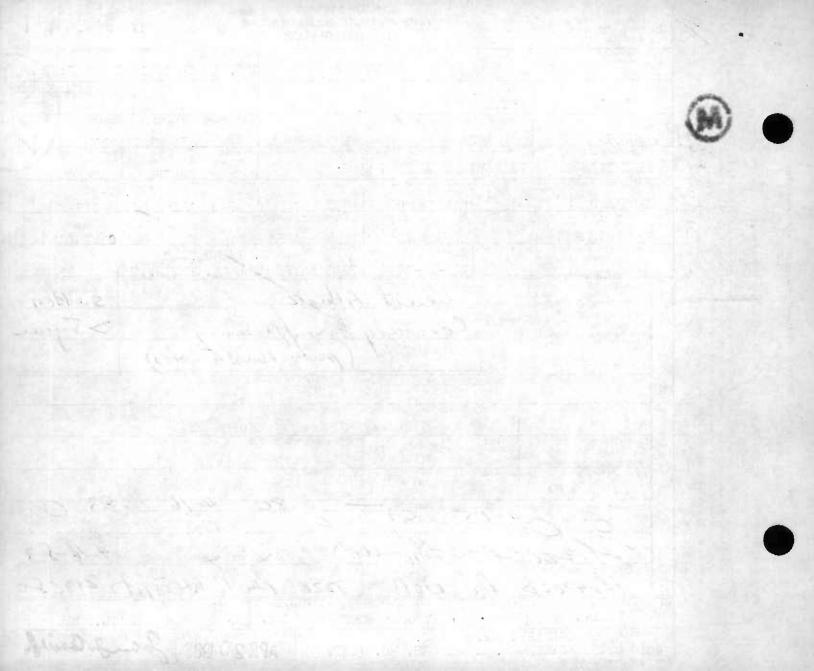
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	REGISTRAR		CERTI	ICATE OF DEATH	REG	NO				
	1. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR		
	(TYPE OR PRINT) FANNIE		LEVI	N	SAT. APRII	16,19	83	7:32 A M		
	3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	FEMALE	WHITE	MARC	. 25, 1905		78 YRS.	MONTHS DAYS	HOURS MIN.		
-	70 BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
ſ	RUSSIA	USA		DIXX DIVORCED	RAIT	IMORE C	OHNTV	MD		
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	ATION	12b KINDO	F BUSINESS OR		
1	PIKESVILLE	PIKESVILLE NUF	RSING H	OME	(TYPE OF WORK FOR MOS			IOME		
_	USUAL RESIDENCE (IF NURSING HOLD)	Offer Institution GIVE RESIDENCE BEI	FORE ADMISSION)				L AT H	OME.		
5	MARYLAND	BALTIMO		13d. INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRES	-	. T-2			
	14 FATHER'S NAME	DALITMO	JKE	15. MOTHER'S MAIDEN NAM	6940 MAI	ISHE DR	212	15		
6	FIRST	MIDDLE LAST		FIRST	WIDDLE		LAS	T		
_	I SRAEL  160. WAS DECEASED EVER IN U.S. AR	GARI		ANNA			BOTWIN	ICK		
1	(YES, NO OR UNKNOWN) (IF YES GR	RMED FORCES? 16b SOCIAL SE	CURITY NO.		. IRENE BA					
	NO	213-30-	-1064	3303 SEVEN M	ILE LA. BA	LTO.	MD	21208		
		nly ane couse per line far to 1, 161.	and it	011			APPROXIO	MATE SVIENVAL		
	PART I. DEATH WAS CAUSE	IMMEDIATE CAUSE (0). Least A Haele								
1	4100	DUE TO, OR AS CONSEC	DIJENICE OF	0 0				_		
	Canditions, if any, which		nary	mulli.	come		1>3	year		
	gave rise to immediate	)	1	7 10	14	1)		1		
underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Put head alleles)										
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOTION GIV	EN IN PART 1:			
	Z 0				WAL DISEASE ON CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EN BY FART TIE			
	190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UN REYING	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED		
1	THE PROPERTY OF THE PROPERTY O				YES TO NOX		YING CAUSES	OF DEATH?		
1	21g. ACCIDENT WAS UN TREYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR				ИО []		
		ATH HOUR A.M. MONTH	DAY YEAR	THE WASHINGTON	(ENIER NATURE OF IS	JURT IN HEM 18 PA	ART I GRPAR[2]			
	OR CONTRIBUTING JUSE OF DE-		19	IN LOCATION						
	WHILE NOT WH.	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
	AT WORK AT WORK	- Such Such					-63-			
		ital) attended the deceased fran	70	19.80	2,10_4-1	6	19 85,1	ha (II (ve) lost		
	above (1) we taid the no	wire the body after death.	ar, or	nd that in (aur) apinian o	death occurred an the	date and hour	and fram the	causes stated		
	22b SIGNATURE	-101	2//	DEGREE			224. DATE	SIGNED		
	dan	red 0500	1/5-11	ATTENDING PHYSICIAN		SICIAN [	4-10	5-43		
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	2					
	HARRAL	8 B, DO	B	7220 K	A0 K KX	eila	15 01	205		
	23a BURIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	TIM				
	(SPECIFY) BURIAL	APR. 17,83 M	OSES M	ONTEFTORE WOOT	DMOOR HERR	FW R/	LTO I	MD		

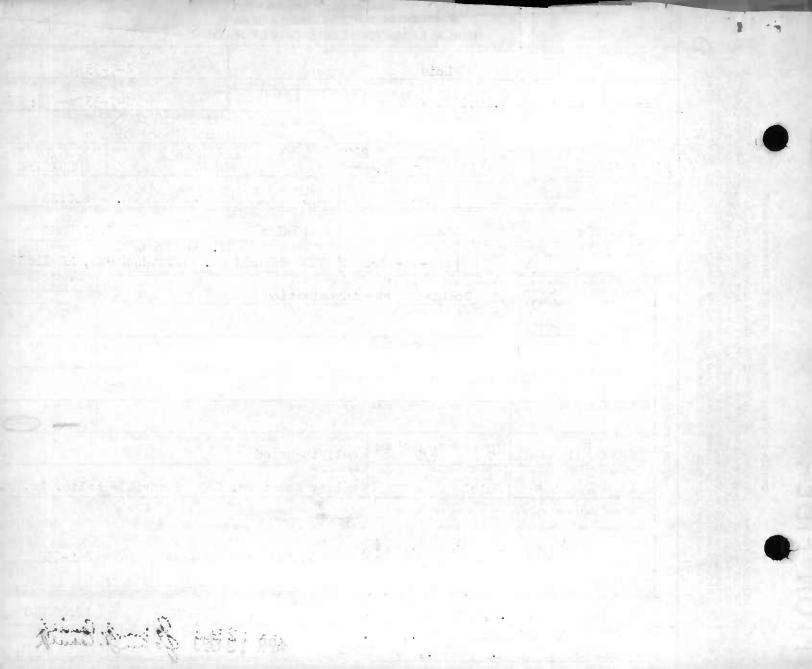
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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8			STATE REGISTRAR		MED	ICALI	EXAMIN	ER'S C	ERTIFIC	CATE O	F DEATH	REC	G. NO.	9 600	~ 4
	100		CEASED NAME	FIRST		WIDDIE			LAST		2a. [	DATE KNOW	N N MONI	H DAY	YEAR 26. HOUR
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	PECTO FILE STREET	3 SEX	4. RA		S. DATE OF BIRTH  6. AGE (IN YEARS IF UNDER ) YR. IF UNDER 24 HRS. 20. DATE  MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED								MONT	H DAY	YEAR 2d. HOU
	DIR OUR			WHITE	NOV.19,1	943	39 Y	RS.	JAIS	HOURS		DEAD		7-83 19	
	ESS FRAIL	7a. BI	RTHPLACE (STATE OF	3	76. CITIZEN OF WH.	AT COUN	TRY?	#. MARRI	ED XXVE	VER MARRIE	D 🔲	ALTIMORE C			ATH
	S S S S S S S S S S S S S S S S S S S		MARYLAND	- A - 1 (	USA			WIDOW		DIVORCE		Baltimo			M
	DELAY IS NEGESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. N. PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS OOF, 201 W RESTON STREET,	Pi	kesville	1	11. NAME OF HOSP (IF NOT IN SUCH FACE Quality	y COL	irt Rm.	230	ER INSTITUT	TION	FOR MOST NUR	OF WORKING LIFE SE	(TYPE OF WOR	OR IN	OF BUSINESS IDUSTRY DICINE
21201	AND 3 TO THE PARTY PELAY NO BE FROUD BE FRECORDS.	13a. S	AL RESIDENCE (IF IN PARTE LAND	1136 COUNTY	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN TIMORE  RANDALLSTOWN 13d. INSIDE (11Y LIMITS? YES XIX NO  3920 SHENTO							ON RD.	#21	133	
2	The sell	14. F/	THER'S NAME		WIDDLE		LAST		FI	R'S MAIDEN	NAME	WIDDLE		LAST	
ORE.	100 A STATE OF THE		ALBERT			GLASS				IRIAM				STEINB	ERG
BALTIMORE	AFTER DEL	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 220-40-975.5  17. INFORMANT MR. MORTONES LEVI 3920 SHENTON RD. RANDALLST												D 21133	
	24 HOURS AF TEM 18. GIVI ONG WITH PERMIT. PAG SIENE, DIVISI		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Combined drug intoxication											APPRO	DXIMATE INTERVAL NONSET AND DEATH
NO.	1 TEA NION NION NION NION OSIEI OVAI	9505 IMMEDIATE CAUSE (a) COMMOTINE OF THE TOTAL CAUSE (TO THE TOTAL CAUSE OF													774 13
PRES	THIN SIL IN NNSI NL H)		Canditians, if		(b)										
≥.	ANIN OR LENT		gave rise to cause (a) statin	ng the under-	DUE TO, OR A	S A CON	SEQUENCE	OF							
, 201	EXECUTED ING. IN PRICAL EXAM SEURIAL - H AND MEI MATION, C		lying cause las	<u>1.</u>	(c)									W LU	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI TING THE WORD "PENDING" IN PENCIL IN ITEM 1 PED 10 THE CHIFF MEDICAL EXAMINER ALCING 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CC</u>	DNTRIBUTING TO OFATH BI	JT NDT RELA	TED TO THE TERM	IINAL OISEASE	OR CONDITION	N GIVEN IN PART	T 1 (a).				
AL RE	SHOULD ORD "PER MEET MEET HEAD	CERTIFICATION	190 DATE OF OPER	RATION	196. CONDITI	ON FOR V	WHICH OPER	RATION W	AS PERFOR	MED?				2D AUT	OPSY?
FVI	NA OR SELECTED IN THE SELECTED	ERT	21a, EXTERNAL CA	USEWAS	21b TIME OF	INJURY		21r HC	W IN IURY	OCCURRED	) LENTER NATUL	RE OF INJURY IN IT	EM 18 PART 1 OR	PART 21	NO L
ONO	THE ATTHE YOUR TO THE YOUR TO		UNDERLYING CONTRIBUTING	CAUSE OF DE		4/	7/ 1983	se.	lf/ins	rested					
DIVIS	S CERTING SDED SE 3 SI E DEP	MEDICAL	WHILE NO	T WHILE	21e PLACE O STREET, FACTO Hotel				ATION	Count	Dm 22	Y OR TOWN	cville	COUNTY Ralt	o. Co.Md
	R: THIS C NRWARDI NRWARDI R: PAGE; S: TATE D, 21201			WORK 34	of the remains desc	ribed aba	ve held on	Autop		Inspection		equiry .	and in my	ALC: NO	J. 00.11.0
	A STATE OF THE STA		death resulted fro			Accident		icide X	-		Undetermi			финан	
-	NIE ERTI		4	Ma	1- C	1 4	11 .	1	TITLE (SI	PECIFY)			11.95		
	KATH COLUMN		ACTUAL SIGNATURE	MUM	me 1	M	Jane)	U_M	D. Ass	sistar	MEDICAL	LEXAMINER	DAT SIG	NED 4-8	-83
	TO MEDICAL EXAMMER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAM	E											
	A TIEN	22. 0	(TYPE OR PRINT) _ URIAL, CREMATION	Marc	garita A.	Kore	NAME OF CE	-	ADDRESS_		Ponn !				
	BP 267	(:	BURIAL		APR.8,198	3 B	NAI IS	RAEL			°'BAL	TIMORE		MAR	RYLAND
	DHMH - 17		UNERAL DIRECTOR		EVINSON ESS							GISTRAR 25	EGISTRAR'	SSIGNATUR	114
	(VR A15 ME (5)) 20M 4/82		6010 REIS	TERSTOW	IN RD. BA	LTO.	, MD	21215		APR	1219	00	- may	7	



6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND

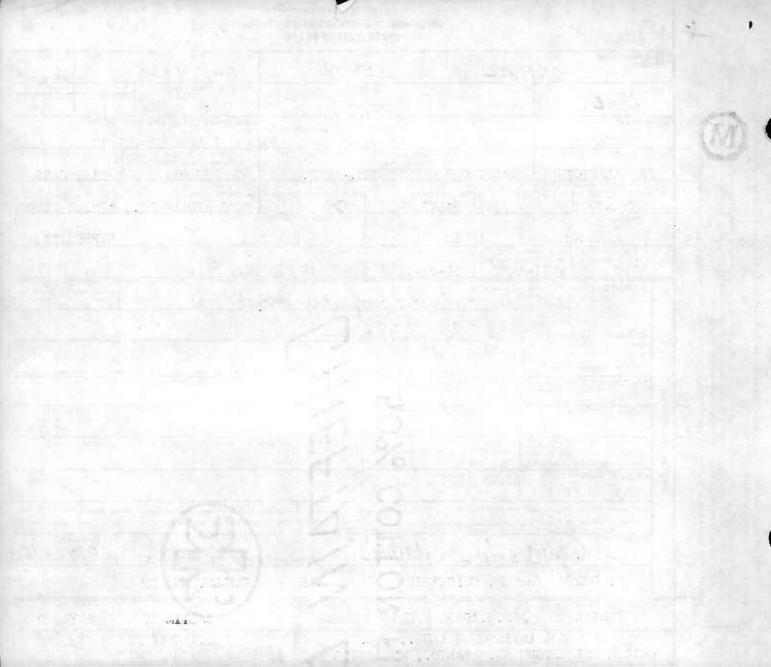
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

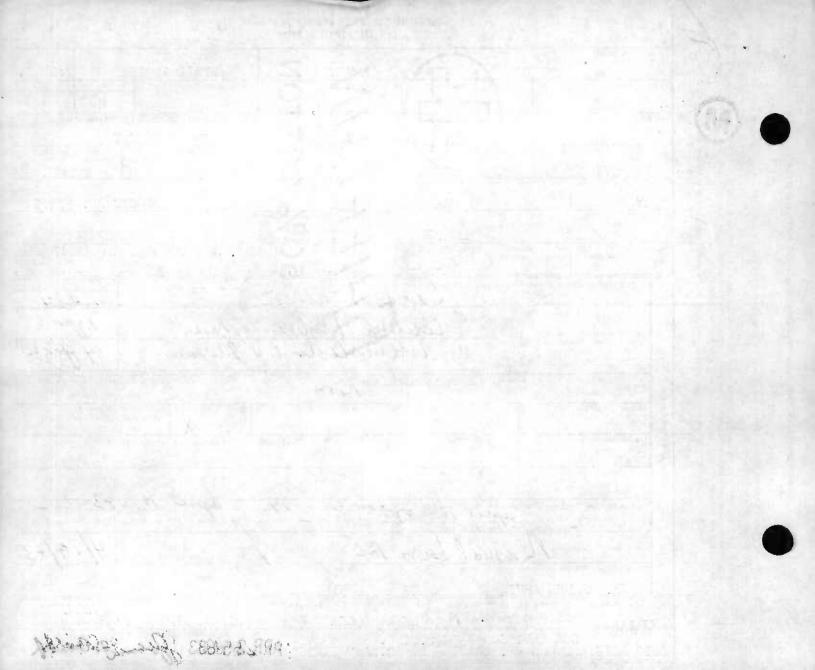
FOR

- STATE

(VRA 15, 4)



STATE OF MARYLAND



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	13		REGISTRAR VIA	ter		CERTIF	CATE OF DEATH	REG. N			
41	e f		CEASED NAME FIRS	0.4	MIDDLE	L	AST . A. I	2a. DATE OF DEATH	MONTH DAY	83 /	h HOUR
oy be	age 3		11 17-	er		()	eva	6 AGE . (IN YEARS LAST BIR			IF UNDER 24 HRS
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oge o	Sing A	7. D	RTHPLACE (STATE OR FOREIGN	V\	HITE	0	1 99	9. BALTIMORE CITY C	YRS.	EATH	
4	Mel 22		COUNTRY)		S.A.	MARRIE	XXNEVER MARRIED	DATETHOR	E COUNTY		
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offe	11 有		ANDALLSTOWN		OR E COUN'		ERAL HOSPITA	L CONSULTAN		REAL E	STATE
2120 2120	24		AL RESIDENCE (IF NURSING HO STATE 13b. C								
24	調響人が			LTIMORE	RANDALL		YES XX NO [	9603 ORPIN	RD., AF	T. 10	2 #2113
a bin	単和プラン	14. F.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN N	AME	5,760	72A1	
ed v	11/13	1	SAMUEL	MIDDLE	LEVY		BERTHA			STREI	SAND
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	7 5 4		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC			JEANNETT POC		11.04	4.7.7
De e	00 4/		YES, NO OR UNKNOWN) (IF Y		098-10-	8900	9603 ORPIN	RD., APT. 1	02		.133
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ST.,	900			DIATE CAUSE (a)	College	JIVIC	neur	faure		10 de	m
t t	n, or moti		3740	DUE TO, O	ORASA CONSEOL	JENCE 9	e heart	diseas	0		
PRESTON ST.	move notio		Canditians, if any, which	e	Mun	Tai	The Hemp	10			
× †	by the		cause (a), stating the underlying cause last		DR AS A CONSEOL	JENCE ON	hal stems				
DIVISION OF VITAL RECORDS, 201 W.	pleo pleo puripl		PART 2. OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT			DITION GIVEN IN	PART Ira	
RDS	Ther r to b	ON	1000								
W .	rmit.	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES, WEI		
The The	cion.	1 E					la company	YES NO	YES 🗌		NO
Z Z	ding physicia is certificate t burial-transit Mental Hygie ar New 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH [	DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	)R PART 2}	
SION OF VI	ung   cert urrial Aento	MEDICAL	(IF EITHER NOTIFY MEDICALEXA		OF INJURY	19	211, LOCATION				
OISIO HA	the but and W	WE	west CT serves C		TREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN C	OUNTY	STATE
NO NO	Afte Afte olth mark		27s I certify that Withis	hospital attended t	he deceased from	3.3	10 8	3 to 4.	8 . 10	83 14	at W (we) last
A P	TOR: or us	10	saw the deceased all above/[1] [wei (did) is	e on 7/6/6	3 19	. 01	nd that in (my) (apinio	n death accurred an the d	ate and hour and		
8 ×	hosp hed the ept ept them		22E SIGNATURE	A A -	y offer death.	-	DEGREE			22c DATE S	GNED
AL O	RAL D detoc		bum	ayes			ATTENDING PHYSICIAN	MEDICAL STA		4/9/2	93
HOSPIT	0 111 111 11	1	726 PHYSICIAN'S NAME	THE DRIPPIN	E PRODUK	Latin	220 ADDRESS BCC	H, Old Ct.	L.	11	
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2	5 F22	23a.	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	REISTERS	COMMI COL	JNTY	STATE
E	3P		RURTAI.	4-11			DRE HEBREW		DA	LTO.	. MD
	H - 16 50M 4/82	74 F	UNERAL DIRECTOR SO	L LEVINSO.	DD DATA	, INC.	21215	PR 1 2 1983	25h POSTRAR'S	2. 6	hill
(	(VRA 15, 4)		6010 REIS	TERSTOWN	KD., DALI	U., MI	71210		0	0	

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DHMH - 16 50M 4/B2 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10.			
	CEASED NAME	FIRST	٨	AIDDLE	t.	AST		20. DATE OF DEATH	HINOM	QAY	YEAR	26 HOUR
litte	OR PRINTI	NELLI	E II	RENE	LE	WIS			04	04	83	A. M
3. SE	x	4.	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	AF UNDI	ER I YEAR	IF UNDER 24 HRS
	FEMALE		W	HITE	06	03	09	7	3 YRS.		0.7.3	Mile.
	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A	AAPPIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	EATH	
	MARYLAND		U.	.S.A.	WIDOWE		ORCED	BALTIMOR	E COU	NTY	1,51	MD
10 C	TY OR TOWN OF DEA	TH 11		OSPITAL, NURSING		ROTHER INST	ITUTION	120. USUAL OCCUPAT			, KIND O	F BUSINESS OR
	LANSDOWNE			14 THIRD		E, 212	27	HOMEMAKE				
USU.	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY HANTS?	13e. STREET ADDRESS				
M	ARYLAND	BALTI		LANSDOWN		YES 🗌	NO 🔀	214 THIR	D AVE	NUE,	212	227
14. FA	THER'S NAME	AID	DDLE	LAST			MAIDEN NAM	WE			LAS	
	JAMES		NRY	BARKER			ARY	IRENE				NER
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUR	ITY NO.	17 INFORMA	NT	ADDR	ESS	100	100	21230
	NO			217-74-	3378	ELAIN	E I. SH	REET 1622	FORE	-		AVENUE
	18 CAUSE OF DEAT			line far (a), (b), and	(0)						APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W	IMMEDIATE		Hom	Ten	w				_		
	4019		DUE TO, OF	R AS A CONSEQUE	NCE OF							
	Canditions, if any,		(b)									
	cause (a), statin	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF							
			(c)									
z	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN	PART 16	0
CERTIFICATION	19a DATE OF OPERA	olave.	the contr	TION FOR WHICH O	DEBATIO	NI WAS DEDECT	DAAED	20g AUTOPSY?	20h IE V	ES WED	E EINIDIN	NGS USED
FIC.	DATE OF OPERA	1014	198. CONDI	HOIV FOR WHICH	JF CRATIO	WAS FERFO	KIMED		IN CERT	IFYING		OF DEATH?
ERTI	210. ACCIDENT WAS UNI	DERLYING	21b. TIME O	F IN IURY	-	121c HOW IN	JURY OCCURR	YES NO NO RED (ENTER NATURE OF IN)		YES D	P PART 21	№ □
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA				(Elaier landore O. 143	, at the mean to	, , , , , , , , ,		
MEDICAL	21d. INJURY OCCUR		P./		19	211. LOCATIO	ON .			-		
ME	WHILE NOT WH	HILE		EET, FACTORY, OFFICE, FA	RM, ETC )	STREET		CITY OR I	NWC	CC	YINUC	STATE
	220.1 certify that (I)		attended the	e referenced from		1980	19	to		. 19		that (I) (we) last
	saw the decease	ed alive an	311118	19	, ar	nd that in (my)		death accurred an the	late and ho			
	22b. SIGNATURE	did) (did nat <u>)</u> v	view the bady	after death.		DEGREE			1	2:	2c. DATE	SIGNED
	Jan	uer.	Evan	con			TTENDING PHYSICIAN	MEDICAL STA		1	4/3	57 83
	22d. PHYSICIAN'S N	AME (TYPE OR P	RINT)			22e ADDRES	- 4				1	

JAMES EVANS

700 WASHINGTON BOULEVARD

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 04-07-83 LORRAINE PARK

23d LOCATION
CITY OR TOWN
WOODLAWN BALTIMORE 250. AATE RECO. BY REGISTRAR'S SIGNATURE

FOR

74 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MD.

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Witzke Catonsville FuneralHome, P.A. 21228

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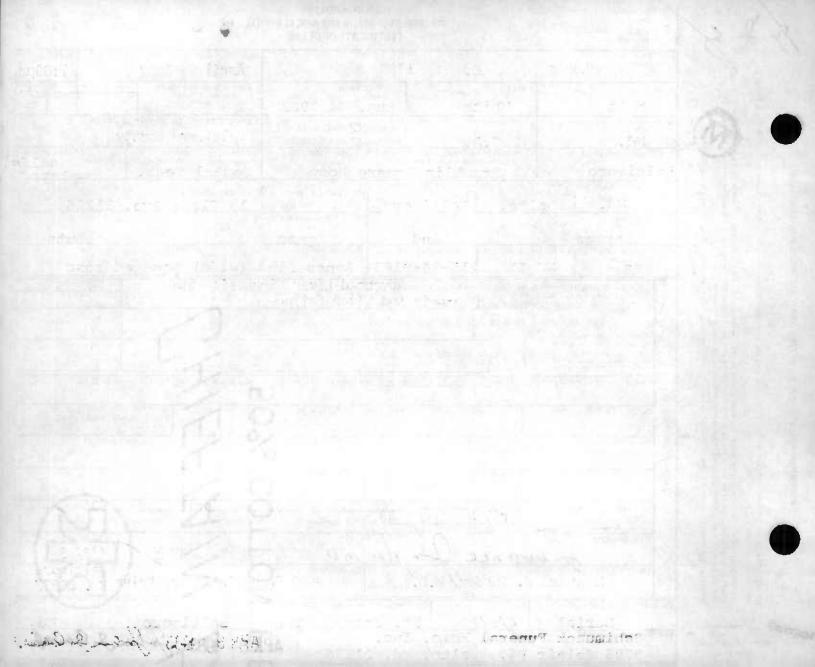
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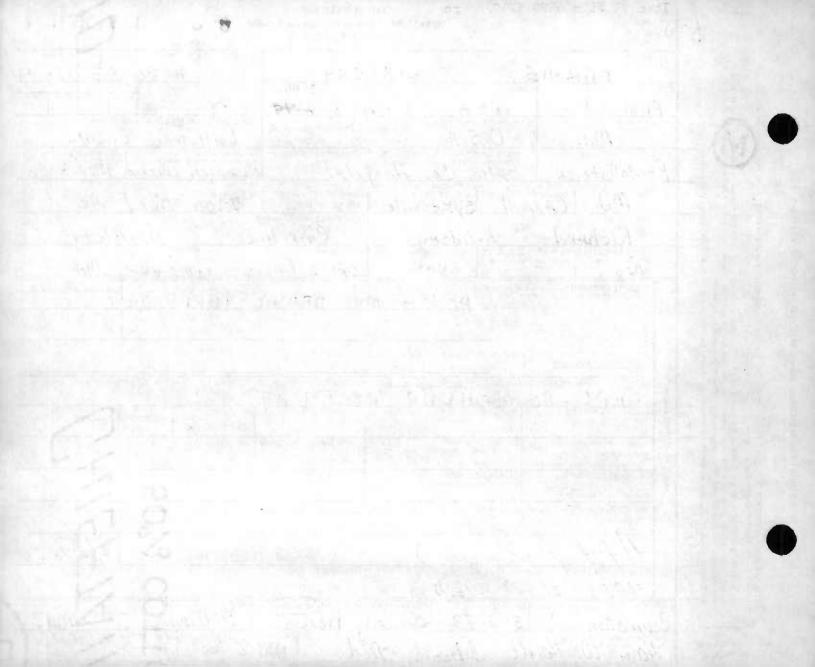
WARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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to general average			val E 20	diad . o
		Pyre. Canem	ostrona.	

/	(	V	NOUS ANDE			STATE OF MARYLAND			W+	1 1
8	25/	1.	FOR STATE REGISTRAR			TOF HEALTH AND MENTA ERTIFICATE OF DEATH	(	REG, NO.	9 2	4 3
	. #		OR PRINT) LOUIS	MIDDLE C.	LII	VD.	20 DATE OF DE	6, 1983	AY YEAR	26. HOUR 7:00 pm
	oy boog	3. SE.		I4 RACE		DATE OF BIRTH	6. AGE (IN YEARS		FUNDER 1 YEAR	IF UNDER 24 HRS
	office 4 m	J. J.	Male	White		Aug. 24 192	R	O MC	ONTHS DAYS	HOURS MIN.
	Pog	Je. 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COLINITAVA B	ARRIED X NEVER MARRIEI	O DALTIMORE	CITY OR COUNTY (	OF DEATH	
	hours ofter death.  d in by the loe filed - may be filed - may the filed - may the filed - may be could be filed - may be file		Md.	U.S.A.		DOWED DIVORCE	1 85 77	nore Count	ty	MD.
	B 27 27 0		TY OR TOWN OF DEATH	11. NAME OF HOSP	LITY, GIVE STREET ADDR	OME OR OTHER INSTITUTIO		UPATION		BUSINESS OR Self=
201	1 D/	Ва	ltimore	Eranl	klin Sq	uare Hosp		1 Tech.		ployed
BALTIMORE, MARYLAND 2120	4 hou	13a. S	AL RESIDENCE (IF NURSING HOME O		RESIDENCE BEFORE ADM	13d. INSIDE CITY LIM				
Y	should should be a	14 5/	Md. Ba	alto. B	altimor	e YES NO X		ade Ave.	. 2123	6
×	I with	1	FIRST	MIDDLE	LAST	FIRST	M	IDDIE	LAST	
¥.	com com	16a. V	Herman VAS DECEASED EVER IN U.S. A	RMED FORCES? 166.	Lind SOCIAL SECURITY	NO. 17. INFORMANT	S	ADDRESS	В	utz
WO	Poge Poge	- (	YES NO OR UNKNOWN) (IF YES G	V II 21	5-14-91	65 Agnes L	ind (wife	) same a	addres	S
SALT	sicion pers. ol.		18 CAUSE OF DEATH (Enter o	nly one couse per line i	for (a), (b), and A	dvanced Liver	Cirrhosis V	Vi th	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
ST.,	g phy on po emov		PART I. DEATH WAS CAUS	TE CAUSE (o) Hep	atomia A	nd Liver Failu	ure			
20	inding corb o, or r		5715	DUE TO, OR AS	A CONSEQUENCE	OF				
REST	e deo nove nation trour		Conditions, if any, which gove rise to immediate	(b)						
a. ≩	of the crem		couse (a), stating the underlying cause lost.	DUE TO, OR AS	A CONSEQUENCE	OF			10-01	
201	ned to plea uriol,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEAT	H BUT NOT RELATED TO THE	E TERMINAL DISEASE OF	R CONDITION GIVE	N IN PART Ito	
XDS,	equir Then Then r to b	NO								
ECO	s beer remit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPS		WERE FINDING	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	The cion.	RTE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	I I DV	131. HOW INTUING	14	O YES		NO 🗌
<u> </u>	HYSICIAN: T ding physici is certificate buriol-frons Mentol Hyg ar hem Beh	1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY	YEAR	CCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
ON O	ding p ding p is certification of them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF IN	JURY	21f. LOCATION				
N N	G PH er the sthe ond ond	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM.	ETC ) STREET	CI	TY OR TOWN	COUNTY	STATE
۵	Aft S. Aft		220.1 certify that MK(this hosp	pital) attended the dec	ceosed from Ma	rch 31. 19	83 , to Ap	ril 6, 1	9 <u>83'</u> , tl	hot X (we) lost
	Spital Spital CTOR I for u		sow the deceased alive a above, the deceased alive a above, the base of the same and the same are a same as a same are a	April 6,	death.	03, and that in (mg) (our) o	pinion death accurred or	the date and hour		
	OR John Per		27b. SIGNATURE		08	DEGREE	ING _ MEDICAL _	STAFF	22c. DATE S	
	TAL by the SRAL detection of the State		22d. PHYSICIAN'S NAME (TYPE	wience	young	220. ADDRESS	IAN DIRECTOR	PHYSICIAN	4/6/	imore
	TO HOSPITAL of retained by the TO FUNERAL I should be detained with the State I IMPORTANT: If		Lawrence	J. Snyden	M.D.	9000	Franklin S	quare Dri	ve Md.	21237
	5 5 5 4 3 3	23a I	BURIAL, CREMATION, REMOVA			E OF CEMETERY OR CREMA	CITY OR T		COUNTY	STATE
	BP		Burial	4/9/83	St.	Joseph Cem	Bal	timore		Md.
D	HMH - 16 50M 4/82	24 FI	INESCHISMUNEK E				APR 8 19	3	AKS SON IT	help
	(VRA 15, 4)		9705 Belair	. Ka., Ba	Tto. Mo	· 21230	, , , , , ,	U	100	



(	4	It	em #5 Film G57	9 5/19/			OF MARYLAND	HENE 👛 🔏	0	9 9	4
	D		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		1	•
noy be poge 3 rr death			DEASED NAME FIRST OR PRINTS FAN HI	Ĕ	MIDDLE	-INT	151 15 AY ·	20. DATE OF DEATH	MONTH DA	Y YEAR 2	HOUR
4 moy har, pog offer de	/	3. SE		4. RACE	2-1	5. DATE C	F BIRTH 1894	6. AGE (IN YEARS LAST BIR			F UNDER 24
	ns.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN C	OF WHAT COUNTRY	8. MARRIE	□ NEVER MARRIED ■	9. BALTIMORE CITY C	YRS.	OF DEATH	
M	50	10. CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSI		D DIVORCED DO OTHER INSTITUTION	12a. USUAL OCCUPATI (Type of work for most of	ON JE WORKING LIFE	126. KIND OF	SUSINESS
tin ty	20	USU	ANJAISTOUN  LESIDENCE (IF NURSING TATE AND MALCOU	13A	to. Co.	HOS RE ADMISSION	pital	Kesearch .	Wirken	INDUSTRY MERC	KC.
un 24 h	35		THER'S NAME	PRO11	Sykes		13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRESS	third	Ave	
omplete	060		Richard	WIDDIE 7	indsAy		CAROLI	ne middle	Hue	hlett	
Poges Poges	2		(AS DECEASED EVER IN U.S. A ES. NO GRUNKNOWN) (IF YES. G	RMED FORCES			OMAR PAU	ADDRI Tim	ADIUM	. Md.	
ficate b papers, naval	1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	per line for (a), (b), a		LYOCARDIA		Relie	APPROXIMA BETWEEN ON	ME INVERVAL
th certification of the certif			4100 IMMEDIA	TE CAUSE (0), DUE TO,	OR AS A CONSEQU		NUCHNUIN	C (IFF	1.C.)10	7/1	- 10
the dearemake emotion			Conditions, if ony, which gove rise to immediate couse (0), stating the	(b),	OR AS A CONSEQU	IENCE OF					
ned by please urial, cr	5		PART 2. OTHER SIGNIFICANT	(c)			NOT RELATED TO THE TERM	INAL DISFASE OR CON	DITION GIVE	N IN PART 1(p)	
been sign		TION	CEREBR 190 DATE OF OPERATION	01/98	CILL A	Q 6	rcciDFn	200 AUTOPSY?		WERE FINDING	e lieep
has has		CERTIFICATION				TOTERATIO		YES NO	IN CERTIFY YES	ING CAUSES O	F DEATH?
SICIAN: The Ing physician. certificate has certificate has ental Hygiene	9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
3 PHYSICIAN: T iffending physici er this certificate the burial-tronsi and Mental Hygi		MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE,	FARM ETC )	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ENDING of or o OR: After use as Health			226-1 certify that (1) (this hosp					-, to	, 1'		ot (1) (we)
OR ATTEN The haspital DIRECTOR ached for u Dept. of He	7 110	V.	sow the deceased alive a above, (I) (we) (did) (did n 22b. SJGPATURE	ot) view the be	dy ofter death.		d that in (my) (our) opinion DEGREE		100	22c. DATE SI	
HOSPITAL C funed by the FUNERAL D vid be detected of the State D			174 CES T	OR PRINT)	(e) n '')		ATTENDING PHYSICIAN [ 22+ ADDRESS	MEDICAL STA	IAN (	4/30	783
TO HOSPITAL ( retained by the TO FUNERAL E should be deta with the State E MADOPTANT, M			MAFEFZ	A	3 YED O	1.)					
BP		230 8	URIAL, CREMATION, REMOVA SPECIFY)	5-2		NAME OF C	METERY OF CREMATORY	BALT M	ile	COUNTY	Ma ATE
DHMH - 16 50M 4/8	82	24. FÜ	INERAL DIRECTOR	inth	A. L. ADDREAS	Y	250. DAT	REC'D. BY REGISTRAR 1983	250 PEGISTR	AR'S GIGNATU	telf



executed within 24 hours

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

TO HOSPITAL

FOR STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

AL HYGII	ENE	8	3		0	9	Pro Pro	5	(
"		116	REG. N	10.		,			
	20. DA	TE OF	DEATH	MONTH	DAY	YE	AR	26. HOUR	
							-	170	-

						CATE OF DEATH	RE	G. NO.		
1. DECEASED		FIRST	м	NIDDLE	LA	151	20. DATE OF DEA		DAY YEAR	26. HOUR
(TYPE OR PRINT)		ATHERIN	VE	C.		LITTLE	Apri	11	24,1983	1/29
3. SEX		4. 1	RACE	ELECTION D	S. DATE O		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEA	
Femal	.8		White		момтн Ја	nuary 6, 1911	72	YR	MONTHS DAYS	HOURS
BIRTHPLA	CE (STATE OR F	FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8.		9 BALTIMORE C			•
Maryl	and .		U.S.A.		WIDOWE	NEVER MARRIED	Baltimo	re Cot	intv	
O CITY OR T	OWN OF DEA	ATH 11.			IG HOME O	ROTHER INSTITUTION	120 USUAL OCCL	PATION	12b. KIND	OF BUSINES
Cator	sville			thurst Ro			Retire			. Stor
USUAL RESID		ING HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	De la Company			Тосро	117
Maryl	and	Baltin		Catonsv		13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDR		Road	4/04
14. FATHER'S	NAME	10117			1110	15. MOTHER'S MAIDEN NA		CITALOU	11060	
-	FIRST Ch	MIDI		Koehler		Christ	i no	B.	Bau	AST
	olph CEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECU		17. INFORMANT		DDRESS	Dau	61
YES, NO OF	RUNKNOWN)	(IF YES, GIVE W.		218-28			14441-	e.	TO 00 #	13
	О					w unuard k	. Little	38	ame as #	13
18 CAL	USE OF DEAT RT I. DEATH W	H (Enter only o	one couse per l BY:	line for (a), (b), one	d (C1.)	11 1	0		BETWEEN	XIMATE INTERV
1		IMMEDIATE C		Carcin		- of The	colen	U		
/	0-7		DUE TO, OR	AS A CONSEQUE	NCE OF	1 4 1			17	ma P
	tions, if ony,		(b).	with	me	taslasia			10	march
A ALLE	Firm Am 1	madia to								
couse	rise to imn	ng the	DUE TO, OR	AS A CONSEQUE	NCE OF					
couse		ng the	DUE TO, OR	AS A CONSEQUE	NCE OF					
eguse under	(a), statin lying couse	ng the S	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	10
eguse under	(a), statin lying couse	ng the S	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR			her:
eguse under	(a), statin lying couse	ng the state of th	(c) NDITIONS <u>CO</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	20b. IF	YES, WERE FIND	INGS USED
eguse under	(a), statin lying couse 2 OTHER SIGN	ng the state of th	(c) NDITIONS <u>CO</u>	INTRIBUTING TO D	DEATH BUT			20b. IF IN CEI		INGS USED
PART 2  19a DA  21a. AC	(a), statin lying couse 2 OTHER SIGN TE OF OPERA	INTERCEPTION	(c) NDITIONS CO	ENTRIBUTING TO D	OPERATION		206 AUTOPSY	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH
PART 2  19a DA  21a, AC	(a), statin lying couse 2 OTHER SIGN TE OF OPERA	DERLYING CAUSE OF DEATH	(c) NDITIONS CO	INTRIBUTING TO D TION FOR WHICH F INJURY M. MONTH DA	OPERATION	N WAS PERFORMED	206 AUTOPSY	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH
PART 2  19a DA  21a, AC	(O), stating couse  OTHER SIGN  TE OF OPERA  CIDENT WAS UNE	INTERPORT CONTINUES TO THE CONTINUES	19b. CONDITIONS CO	INTRIBUTING TO DETERMINE TO DESCRIPTION FOR WHICH  FINJURY M. MONTH DA M. JE INJURY	OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURI	206 AUTOPSYS	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES [] 18. PART 1 OR PART 2)	INGS USED S OF DEATH NO
WEDICAL CERTIFICATION  ACONOMIC TO THE PROPERTY OF COP.  ALI PILL TO THE PILL	(a), statin lying couse  OTHER SIGN TE OF OPERA  CIDENT WAS UNE STRIBUTING   CHER, NOTIFY MEDI JURY OCCURI	IG THE STATE OF TH	19b. CONDITIONS CO	INTRIBUTING TO D TION FOR WHICH F INJURY M. MONTH DA M.	OPERATION  AY YEAR  19	NWAS PERFORMED	206 AUTOPSYS	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH
PART 2 PA	(0), statin lying couse  OTHER SIGN  TE OF OPERA  CODENT WAS UNIT STRIBUTING HER, NOTHEY MEDI SURY OCCUR! SURY OCCUR! AT WO	INFICANT CONTION  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED	196 CONDITIONS CO	TION FOR WHICH  FINJURY  M. MONTH DA  M.  JE INJURY  SET. FACTORY, OFFICE, F.	OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURI	206 AUTOPSYS	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES [] 18. PART 1 OR PART 2)	INGS USED S OF DEATH NO
PART 2  PART 2  19a DA  19a DA  21d, IN.  WHILE  AT WORK  226-1 cc	(0), stotin lying couse  OTHER SIGN  TE OF OPERA  CIDENT WAS UNIT UTRIBUTING GO HER, NOTHY MEDI AT WO  OFTIFY the	INFICANT CONTINUES  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  RED  (this hospitol)	19b CONDITIONS CO	TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  LET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCURI	206 AUTOPSYTY YES NO RED (ENTER NATURE C	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2)	NGS USED S OF DEATH NO
PART 2 PA	(0), stotin lying couse  2 OTHER SIGN TE OF OPERA  CIDENT WAS UNIT HER, NOTIFY MEDIT JURY OCCUR! AT WO  ertify the lift with decytics over 10 Met (1)	INFICANT CONTION  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED	19b CONDITIONS CO	TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  LET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	211 LOCATION STREET  that in my (our) opinion	206 AUTOPSYTY YES NO RED (ENTER NATURE C	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES  18 PART 1 OR PART 2)  COUNTY  19 33 hour ond from th	NGS USED S OF DEATH NO
PART 2  PART 2  PART 2  19a, DA  21a, AC  PERTILLOT  19a, DA  21b, AC  21b, AC  21b, AC  21c, AC	(0), stotin lying couse  OTHER SIGN  TE OF OPERA  CIDENT WAS UNIT UTRIBUTING GO HER, NOTHY MEDI AT WO  OFTIFY the	INFICANT CONTINUES  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  RED  (this hospitol)	19b CONDITIONS CO	TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  LET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCURI	206 AUTOPSYTY YES NO RED (ENTER NATURE C	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2)	NGS USED S OF DEATH NO
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WEDICAL CATALOGUE AND CALL CATAL	(O), statin lying couse  OTHER SIGN  TE OF OPERA  CIDENT WAS UNIT HER, NOTHEY MEDI HER, NOTHEY MEDI HER, NOTHEY MEDI HER SIGN  WITH HER SIGN	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital) ed alive an additional and	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21e PLACE C (AT HOME STREE) offended the	TION FOR WHICH  FINJURY  MONTH DA  A.  DF INJURY  SET, FACTORY, OFFICE, F.  deceosed from  19  19  19  19  19  10  10  10  10  10	OPERATION  AY YEAR  19  ARM, ETC)	216. HOW INJURY OCCURION 216 LOCATION STREET  19 4 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS	206 AUTOPSYTY YES NO RED (ENTER NATURE COLOR) TO MEDICAL DIRECTOR PI	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES  18 PART 1 OR PART 2)  COUNTY  , 19 3 hour ond from th	INGS USED SO OF DEATH NO
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DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Dept. af Health and Mental Hygiene prior to burial, cremotion, or removal.

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FOR - STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	ATE OF DEATH	REG. N	10.		
I. DECEASED NAME	FIRST	MIDDLE	LAS		20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	WILLARD	Roberta	LOGA	AN		4-26	6-83	7:55am
3. SEX	4. RACE		5. DATE OF		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whi	te	Apri	11 28.1892	90	YRS.	MOINTINS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR	FOREIGN 78. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
Marvland	11 0	. A .	WIDOWED	NEVER MARRIED D	BALTIM	ORE C	OUNTY	MI
10. CITY OR TOWN OF DEA	ATH 11. NAME OF	HOSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
TOWSON		JOSEPH H			Homemake	er	Own	Home
USUAL RESIDENCE (IF NUR	COUNTY	13c. CITY OR TOW		3d. INSIDE CITY LIMITS?	130. STREET ADDRESS	(212	14)	
Maryland		Baltimo	ore	YESX NO	3402 Ecl	nodal	e Aver	nue
14 FATHER'S NAME		LAST	1	S. MOTHER'S MAIDEN NAM	WE			
Dorsey	I.	Baker		Lillie	M •		N.C.	rwood
160 WAS DECEASED EVER		166 SOCIAL SECU		7 INFORMANT (Son		ESS 1 06		Ave S
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	1211 21	1070					
No	N/A			Mr. Harold		)II/ GI	APPROX	IIILE, M
18. CAUSE OF DEAT	H (Enter anly ane cause per AS CAUSED BY:	r ling for in . Ib . on	7	ASPIRATION PN	NEUMONIA			MATE INTERVAL ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Crafe.		11		(NO)VIDITO	Sn.	75
530	DUE TO,	OR AS A CONSEQUE	ENCE OF	SOPHAGEAL OBS	TRUCTION,	COMPLI	EIF -	
Canditians, if any		5301	Marie	1 cost,	with	m	rele	1 you
gave rise to imit cause (a), statis		OR AS A CONSEQUE	ENCE OF				`	0
underlying cause		)						
PART 2 OTHER SIG	VIFICANT CONDITIONS	ONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	IDITIONGI	VEN IN PART 1	0
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ARTERTO		DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
띹	5 1				YES NOT		FYING CAUSES	OF DEATH?
21g. ACCIDENT WAS UN	DERLYING 121h TIME	OF INJURY		21c. HOW INJURY OCCURR				110
OR CONTRIBUTING			AY YEAR	and some	(Eliter Halone of Ha		, , , , , , , , , , , , , , , , , , , ,	
(IF EITHER NOTIFY MEDI		P.M.	19	N 40CATION				
21d. INJURY OCCUR	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
AT WORK NOT WE	RK		0 0		11			
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saw the deceas above, (Nywe) (	ed alive an did (dud ed	26 19 19	_83_, and	that in (xy) (our) opinion of	death accurred an the a	late and ha	ur and fram the	causes stated
226. SIGNATURE	0 -		De DE	GREE		-7-27	22c. DATE	SIGNED
1/1/	ann	ici , ke	102	ATTENDING PHYSICIAN	MEDICAL STA		4-2	26-83
22d. PMYSICIAN'S N	AME   TYPE OR PRINT}			22e. ADDRESS	2,			Tal , here a
GRACITO	PATRICIO, M	. D.		7620 YORK	ROAD TOWS	ON MD	21204	
			JAME ST. ST.		123d. LOCATION	- II IID		
230. BURIAL, CREMATION,	REMOVAL 736. DATE	23c. 1	NAME OF CEA	METERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

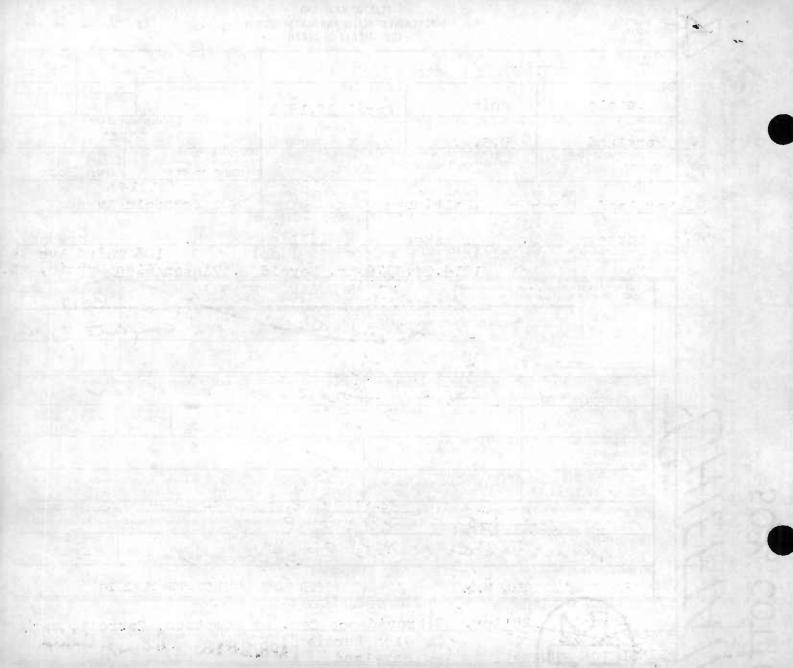
IMPORTANT: If hem 21 is marked or hem 18 shares

SINGLETON FUNERAL HOME

ADDRESS Glen Burnie Maryland

83 Providence Cem

APR 281983



TYPE OR PRINTI NHOC LOMBARDT 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR White BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED NEVER MARRIED Italy U.S.A. Baltimore County WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)
Crane Operator Stella Maris Hopice Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore Parkville 13d INSIDE CITY LIMITS? NO FA 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Unknown MIDDLE Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) NO OR UNKNOWN) Rose M. Karmann 213-03-2137 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY enticemia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF . Pemphiqus beneralized Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOF DIVISION OF VITAL Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mento (IF EITHER NOTIFY MEDICAL EXAMINER) PN 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 20 CITY OF TOWN STREET AT HOME STIFET FACTORY OFFICE FARM ETC 1 morked NOT WHILE 220.1 certify that (1) (this hospital) attended the deepased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. Dept. 22b. SIGNATURE DEGREE \* ATTENDING MEDICAL should be deto 22e. ADDRESS 224. PHYSICIAN'S NAME ITYPE OR PRINT) MPORT 23e BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

Beth. Steel 1824 Clearwood Road 21234 LAST 1824 Clearwood Road PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Brooklyn Burial COUNTY April 16,1983 Cedar Hill Maryland 250. DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE APR 15 1983 24 FUNERAL DIRECTOR Leonard J. Ruck. Inc. Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YEAR

IF UNDER 1 YEAR

2b. HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

2ª DATE OF DEATH

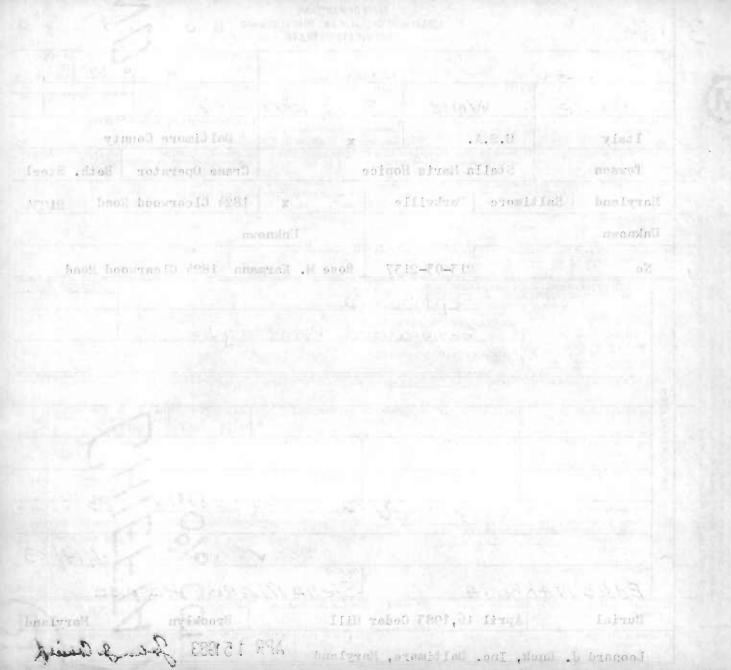
DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

STATE

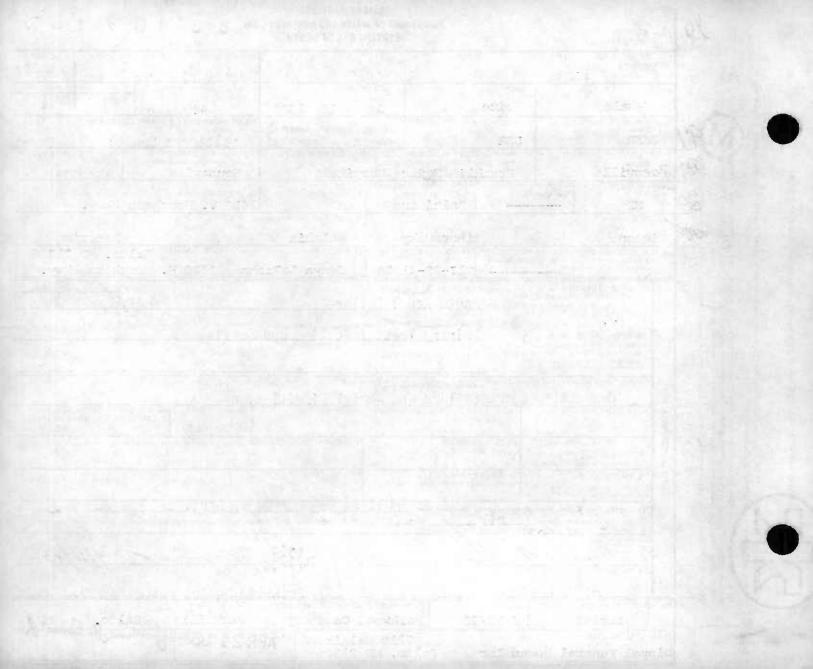
I. DECEASED NAME

REGISTRAR



STATE OF MARYLAND

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20 IX	l	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE CERTIFICATE OF DEATH REGISTRAR  FASSE NAME FIRST MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 120.						
noy be		PECEASED NAME FIRST HETEN	HOPPER	LYON	AST	April 28, 1983	2b. HOUR 4:20pm	
ge 4 mo)	3. 5	FEMALE	4. RACE WHITE	5. DATE C	F BIRTH  DAY  4, 1896	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
(M)	(C)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHA	T COUNTRY? 8.  MARRIEI  WIDOWE	NEVER MARRIED	Baltimore County Baltimore County		
offer de by the full filled with horffied	10.	CITY OR TOWN OF DEATH	FRANKLIN	PITAL, NURSING HOME C LILITY, GIVE STREET ADDRESS) N SQUARE HOSPIT	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	126. KIND OF BUSINESS OR INDUSTRY	
AND 212 AND 212 AND 212 filled in sould be if	< 130 Yes	UAL RESIDENCE (IF NURSING HOME) I. STATE  MD  HAR		residence before admission) CITY OR TOWN AVRE DE GRACE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 827 SOUTH WASHINGT	TON ST. 21078	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill vol. it, the medical examiner must be in	6	ATHER'S NAME FIRST HARRY BAINES		HOPPER	15. MOTHER'S MAIDEN NA/ FIRST KATHERINE	KENTUCKY	LAST MATHEWS	
TIMORE be execu on and c	2 160	(YES, NO OR UNKNOWN)  NO	IVE WAR OR DATES)	SOCIAL SECURITY NO. 218 32 2484B	Dr. G. TAYLOR L'	ADDRESS YON SAME AS #13e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. B. G. PHYSICIAN: The law requires that the death certifical after this certificate has been signed by the attending physician.  Start bis certificate has been signed by the attending physis by the burial-transit permit. Then please remove corbon popth and Mental Hygiene prior to burial, cremation, or removanced or them 18 shows any injury, or other traumatic event,	No	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS	A CONSEQUENCE OF	emorrhage Sec oagulation In Malignancy	ondary To Dissemfection Or Tumor	Occult	
	CERTIFICATION	19a. DATE OF OPERATION		V FOR WHICH OPERATION		YES NO X YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
	MEDICAL CE	OR CONTRIBUTION TO CAUSE OF D	HOUR A.M. P.M. P.M.	MONTH DAY YEAR	21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE	
Part ENDIN aspiral or ECTOR: Afficial or use or all for use or all for use or all of Health m 21 is mo.		22a.1 certify that 1 (this has saw the deceased alive a abave, 1 (we) (did) (con 27b. SIGNATURE	_ April 28	19 <u>83</u> , ar		to April 28, death occurred an the date and haur	19	
TO HOSPITAL OF remained by the first TO FUNERAL DIRECTOR with the Store Deportment of the Store Dep	1	Den. 22d PHYSICIAN'S NAME (TYPE	or PRINT) eonardi, M	onaidi	ATTENDING PHYSICIAN PAGE ADDRESS		Baltimore	
Paragraph 20 Parag	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	klin Square Drive	COUNTY STATE	
DHMH - 16 50M 4/82 (VRA 15, 4)		FUNERAL DIRECTOR NAME  TITCHELL FUNERAL HON	MAY 1, 198	ADDRESS	21078 250. DAT	The state of the s	HARFORD, MD.	

